Oxford Academic Health Science Network

BEST CARE

Clinically-led, patient-centred

SEPTEMBER 2015 – AUGUST 2016

Best Care Clinical Networks Impact Report

www.oxfordahsn.org/our-work/clinical-networks/

What is the Oxford AHSN?

Oxford Academic Health Science Network is a partnership of NHS providers, commissioners, universities and life science companies to improve health and prosperity in Bedfordshire, Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire. Success comes from collaborative working by the partners and stakeholders across the region.

3 Million People

Benefits of collaboration across the whole system:

- Leverage clinical and management best practice and expertise to improve outcomes
- Share clinical evidence and benchmarking
- Scale innovation adoption
- Learn from each other – clinical standards, models of care, commercial models
- Enable data sharing, operational, patient and research to improve outcomes
- Share evaluation knowledge
- Share clinical and management resources
- Improve region's attractiveness for commercial research
- Make region more attractive for inward investment and product development
- Make the region healthier

Accelerating health and economic gains by working together

Our 7 programmes and themes facilitate shared work across all partners:

- Best Care Clinical Networks
- Clinical Innovation Adoption
- Research and Development
- Wealth Creation
- Patient and Public Involvement, Engagement and Experience
- Informatics
- Patient Safety

Contents

Foreword

When I wrote to you in January's Best Care Review this year, I expressed optimism that the Best Care family of Clinical Networks was well placed to begin to show more tangible impact in the Oxford AHSN geography. Nearly six months later, I am now writing to confirm that this optimism was not misplaced and to provide evidence of the continued development of our family of Clinical Networks as a successful delivery mechanism; a mechanism that is delivering impact that has only been achieved because of the very presence of Oxford AHSN Clinical Networks.

Working within its financial envelope Best Care has reconfigured the composition of its family of Clinical Networks to ensure it is providing better value. This has meant the discontinuation of AHSN funding for some Clinical Networks and redirecting funds to create new Clinical Networks, such as Respiratory. In essence, however, the family of Clinical Networks continues to mature and demonstrate a greater depth and breadth of impact than I described six months ago. Stakeholder membership, moreover, continues to grow across the geography, across sectors and across professions.

In the ensuing pages the eight Clinical Networks describe their current work and achievements since September 2015. Mature Clinical Networks such as Anxiety & Depression continue to build on past success: 447 more patients have accessed psychological therapies and 149 more patients have recovered completely in a single month (June 2016), when compared to June 2015. The Early Intervention in Psychosis Clinical Network has through its Quality Champions increased the number of assessments of those presenting with psychoses for the first time in our geography. The Maternity Clinical Network has reduced unwarranted variation by embedding its common guidelines. The Imaging Clinical Network has established an informatics infrastructure, which is now being linked to enable the function of reporting to be shared within the network.

The Clinical Networks are also upskilling the geography's clinical workforce to meet today's demands of healthcare. The Children's Clinical Network has been commissioned locally to provide training for primary care to tackle the unwarranted variation described in its Second Report. Anxiety & Depression is providing advanced training for psychologists and primary care. The Medicines Optimisation Clinical Network has embarked on providing behavioural therapy training for community pharmacists.

All this work is being focused across the whole Oxford AHSN geography. In the last six months, partly in response to the emerging STP footprints, commissioners and providers have increasingly demonstrated closer partnership working. Nothing exemplifies this partnership work better than the Oxford AHSN Clinical Networks. Their role in delivering change and impact is increasingly recognised and there is a growing undercurrent to consider mobilising the power of this delivery mechanism further, by consolidating all existing clinical networks in our geography under the umbrella of the family of Oxford AHSN Clinical Networks. As a delivery mechanism for consolidating partnership working, tackling variation, improving outcomes and reducing harm, it provides an emerging model for providing better value in healthcare. The impact described here (and there is much more to come) has been achieved through a programme budget of **£1.2m**. This translates to an average cost of **£150,000** for a Clinical Network.

I trust there will be recognition that the return on this investment in improvement is more transparent when compared to other improvement initiatives and that it supports the concept of seeking better value in healthcare for the Oxford AHSN geography.

MR CHANDI RATNATUNGA
Senior Responsible Officer, Oxford AHSN Best Care Programme
Associate Medical Director, Oxford University Hospitals Foundation Trust

Collaborating to deliver measurable improvements in patient outcomes

The Best Care Clinical Networks are a key part of Oxford AHSN's drive to fulfil its NHS England core objectives. They are each clinically led and locally focused. They are guided by two principles:

1. Design and deliver projects which improve outcomes for patients.
2. Build an engaged local community and deliver through co-design and collaboration.

The networks have worked hard over the past 2 years to engage not only fellow clinicians, but also a broad range of stakeholders from across the region, harnessing their knowledge and experience to identify and address key challenges in local healthcare.

Each network has developed its own steering group, comprising senior clinicians, commissioners, supporting NHS organisations and patient representatives from across the region. These groups give perspective and direction to the clinical leads and network managers, allowing them to develop projects which are relevant, and which are supported locally.

Health Education England (Thames Valley) is a key partner in the programme, bringing a wealth of experience to the oversight of workforce development initiatives, collaborating in joint training events, and financially supporting several projects directly, such as the Fellowship in Evidence Based Healthcare programme, or the Cognitive Behavioural Therapy training for pharmacists

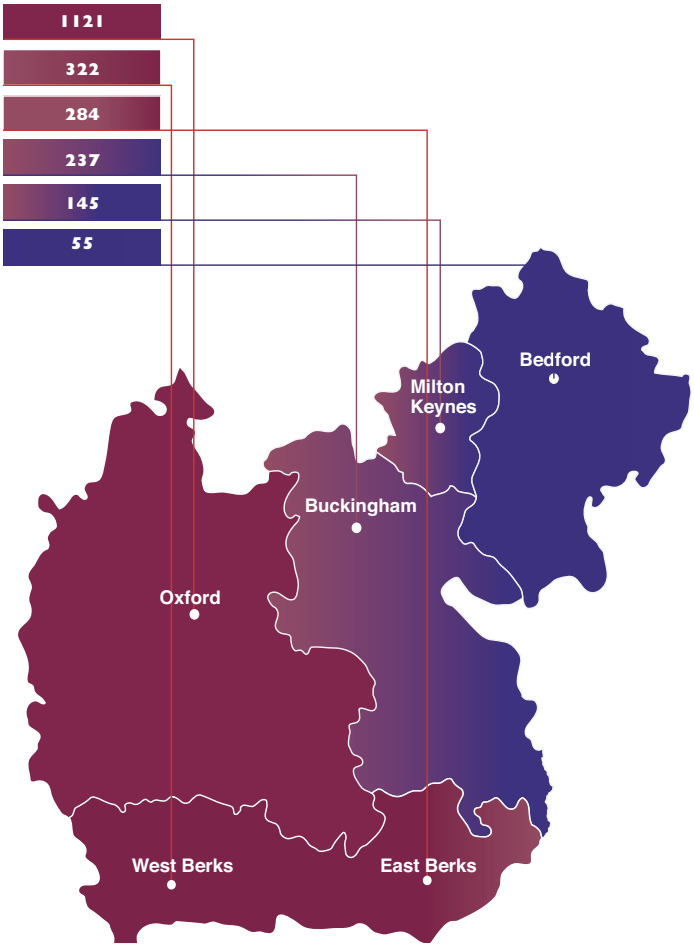
The networks also work closely with the local Strategic Clinical Networks (SCN) to ensure there is transparency and a joined-up approach to planning. Many networks include SCN members on their steering groups (where there is synergy). Others also link directly with Public Health England, royal colleges, NHS England and other AHSNs to raise awareness, to explore opportunities for spread, to avoid duplication, and to learn from previous experiences.

Patient engagement is another vital collaborative element to the function of the networks. All the networks have patient input into their programmes, and most have patient representatives as permanent members of their steering groups. In the Childrens', Anxiety and Depression, and Maternity networks there are dedicated fora (Patient Advisory Groups) which play a vital role in steering the projects, giving a patient's perspective on proposed pathway changes or the practical applicability of innovations.

These engagement efforts are supported by the core Best Care Clinical Networks team, which acts as a link between national direction and strategy and local commissioner and provider intentions. The team meets regularly with these national and local bodies, and endeavours to ensure that the work of the networks is visible and accessible to all.

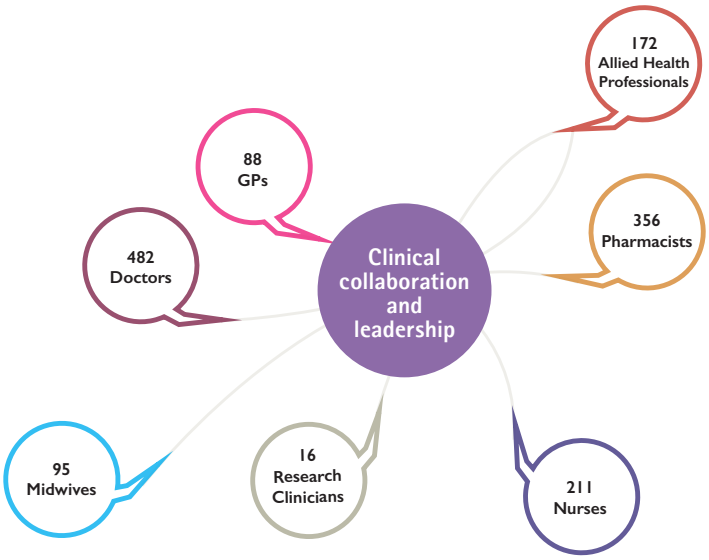
The Clinical Networks have projects which cover a broad range of themes, from interoperability of systems, to improving data quality and availability, to identifying and addressing variability in practice (see **page 17** for a full list). The common thread which runs through these themes, however, is a focus on patient outcomes. From the point of inception, projects are described in terms of the patient-centred objective. An example of some of these patient-centred objectives can be seen in the Children's network (**page 9**). This is then translated into a measure (or series of measures) which will be monitored to assess the effect of the project on patient outcomes. In this way the link between activity and value (ie improving patient outcomes) is maintained. A summary of some of the value the Best Care Clinical Networks has delivered can be seen on **page 35**.

Stakeholder Engagement



Since the Best Care Clinical Networks were established, stakeholder engagement has grown in scale and breadth across the Oxford AHSN region and beyond. There is now active membership and engagement in Swindon, as well as in other regions across the country. There is also considerable engagement at a pan-regional (183) and national level (166), where networks have been able to win key interest and support. Today, membership stands at 2,775. With more than half of these members being clinicians, the networks are in a strong position to influence and effect real change at the point of care.

We have already seen how this growing group has been influential in driving improvement within the healthcare system. Whilst they are clinically led and driven, they cannot thrive without breadth of engagement across the healthcare, academic, voluntary, and commercial sectors. The breadth of each network's stakeholders is encouraging in this regard, and whilst more must still be done, the networks now count over 200 commissioners, 200 provider managers, 100 university academics, and 100 commercial stakeholders amongst their membership. Engaging with all these key groups enables the whole system to work together, to be shaped around emerging models, techniques and innovations.



THE CLINICAL NETWORKS

Anxiety and Depression

OBJECTIVE:

To improve the number, rate and duration of recoveries from anxiety or depression, through better identification of patients, better access to evidence-based psychological therapies and improved clinical knowledge.

Summary

Access to IAPT services, improvement in clinical outcomes, the development of integrated services for patients with long term health conditions and co-morbid anxiety/depression, and support for children's and young people's IAPT services are both high-profile national priorities and central to the aims of our Anxiety and Depression (A&D) Clinical Network.

The A&D Clinical Network builds on the success of existing local Improving Access to Psychological Therapies (IAPT) services by bringing together providers, commissioners and leading academics from across the AHSN geography to improve patient outcomes through effective data analysis. Using a data-driven approach, this network has been highly successful in identifying and responding to local needs, supporting the uptake of innovation, stakeholder engagement and workforce development.

Key achievements in 2015/16 and future plans:

1. Enhancing recovery rates through understanding outcome variability, durability of clinical gains, employment and post-discharge support.

From a baseline taken in Jan 2014, an additional 2,659 patients recovered up to Nov 2015, despite a 16% increase in the number of patients accessing IAPT services and no additional funding. As well as increasing the efficiency of the services, this is estimated to have provided a £755,494 reduction in healthcare expenditure over that period. A detailed report on the benefits to the healthcare (and wider) economy can be **found here**.

2. Supporting service innovation and integrated care for patients with long term conditions and co-morbid anxiety and/or depression.

Roll-out of 7 service innovation projects: Cognitive Behaviour Therapy for Insomnia treatment; Depression and Diabetes Integrated care; Heart2Heart integrated care; Chronic Obstructive Pulmonary Disease Integrated care; Psychological Perspectives in Primary Care (PPiPCare) training programme; Psychological Perspectives in Education and Primary Care (PPEPCare) training programme; and MUS (Medically Unexplained Symptoms) integrated care – all of which have been shown to reduce not only anxiety and depression, but also some disorder-specific clinical markers.

3. Improving the quality, use, and impact of Routine Outcome Measures (ROMs) in Child and Adolescent Mental Health Services (CAMHS) through improved paired data collection.

Baseline data on the collection of Routine Outcome Measures (ROMs) and paired outcome data in CAMHS have provided a clear direction for improvements that need to be made to data collection and the use of outcome measures (please see case study).

In the 2015 Government Comprehensive spending review over £600m was allocated to improve access to psychological therapies, up to a level of 25%, mainly for people with long term conditions and comorbid anxiety/depression. **See the full mental health report here.** Our network is well-placed to support this process and is working closely with NHS England South and local CCGs support and develop their bids to become Early Adopter sites for these new integrated services.

Patient involvement has been a long-standing strength for this network and its well-established and active patient forum plays a high-profile and integral role in the development and review of all their projects.

For more information please contact **ineke.wolsey-anxietydepression-IAPT@oxfordahsn.org**

WORKFORCE DEVELOPMENT

The network has grown and nurtured strong collaborative relationships across all of its projects. It has overseen a transformation in knowledge-sharing where busy service and data leads regularly come together to review and enhance patient outcomes. Workshops with expert speakers and training sessions complement this process, leading to the sustained improvements in recovery rates it has achieved across the region. Its data-driven and supportive approach aims to ensure that staff are more confident in providing the most appropriate, NICE-approved treatment for their patients' psychological needs.

- More than 250 staff members taken through advance skills training in the treatment of post-traumatic stress disorder, social anxiety and couples therapy as well as training in assessment and problem descriptor codes (ICD-10 code)
- More than 1,500 staff in primary care and education trained to recognise, understand and better manage mental health difficulties in children and young people (PPEPCare).

Improving the quality, use, and impact of Routine Outcome Measures (ROMs) in Child and Adolescent Mental Health Services (CAMHS) through improved paired data collection

WHAT WAS THE NEED FOR THIS PROJECT?

ROMs are important because they help young people become more involved in decisions about their treatment, identify how well treatment is working and indicate where improvements could be made. The collection of ROMs has traditionally been low in CAMHS, and local CAMHS across Berkshire, Oxfordshire, Buckinghamshire and Bedfordshire were no exception.

This is a service transformation project that seeks to improve CAMHS care. It is based on a number of key principles, one of which is to use ROMs to monitor change (both positive and negative) for children and young people receiving psychological therapy treatments.

WHAT ACTIONS WERE TAKEN TO MAKE A CHANGE?

The A&D Network is working with CAMHS and the local Children and Young People (CYP) IAPT collaborative (which includes the University of Reading) to achieve a 10% increase in the average data completeness of paired outcome data (i.e. pre- and post-treatment) across the Oxford AHSN region by April 2016 and a further 20% by April 2018.

A working group of clinicians and data leads from across the area and including Berkshire Healthcare NHS Foundation Trust (BHFT), Oxford Health NHS Foundation Trust (OHFT), East London NHS Foundation Trust (ELFT), University of Reading and A&D Clinical Network staff meet regularly to discuss the unique challenges faced by CAMHS around ROMs data collection, and strategies that can address these at a local level. A CAMHS ex-service user has been involved throughout in an advisory capacity, providing guidance to the project group. Where possible quarterly ROMs data (anonymised raw data) is collected by the A&D Clinical Network.

HOW WAS IMPROVEMENT SHOWN?

The initial project task was to report on the number of children discharged during Q4 of 2014/15 (Jan - March 2015) with paired outcome data in each of the trusts working in the region. These comprise BHFT (Berkshire), OHFT (Oxon and Bucks) and ELFT (Bedfordshire). The A&D Network was also tasked with providing an update a year later, i.e. Q4 of 2015/16 (Jan – March 2016).

Findings show a 3 % increase for Oxon and Bucks from 24% to 27%. We have encountered difficulties in accessing 'raw' data from both Berkshire and Bedfordshire but are continuing to explore ways in which issues around access can be overcome, and hope to be able to carry out comparable analyses for these services in the near future.

The A&D Clinical Network is pleased that across the whole of Oxfordshire and Buckinghamshire a 3% (percentage points) increase has taken place, which means the 10% increase the A&D Clinical Network committed to by April 2016 has been achieved in the majority of its CAMHs services. We are hopeful Berks and Beds will also show a similar increase once we have been able to access this data.

WHAT OPPORTUNITY IS THERE TO DEVELOP THIS PROJECT?

Findings are shared at the annual Extended Network Conference and we have embarked on a partnership with the national CYP IAPT data collection team (CORC) to further develop and share our work.

IN SUMMARY

Although there is a very long way to go in improving ROMs collection for children and young people who receive psychological therapies treatment, the A&D Clinical Network has made a good start, both in collecting reliable data from the services involved and, through raising awareness and supporting services, increasing the use of ROMs across the majority of its CAMH services.

> ***Oxford AHSN is making a real difference to the healthcare of people in our region. Its Clinical Networks in Anxiety and Depression, Early Intervention in Psychosis, and Dementia, have received national recognition for their work, making meaningful improvements to the quality, outcomes and value of care and demonstrating how investing in effective mental health treatments begins to redress long standing inequities in the distribution of healthcare resources. That is a particular issue in our region which is well below national average investment in mental healthcare.***
>
> **Stuart Bell,**
> **Chief Executive, Oxford Health Foundation Trust**

Children's

OBJECTIVE:

To improve the health outcomes and experiences of children in the Oxford AHSN region by reducing variation in the prevention, diagnosis and treatment of conditions which are commonly the leading causes of hospital admission.

Summary

The Children's Network focuses on using robust regional data to identify best practice and reduce variation in care, so that parents get consistent advice and children get the right treatment, wherever they are. It has built a lively network of paediatricians, commissioners and others involved in children's health, which is a vital building-block to agreeing and implementing improvements in processes and treatments.

All its projects cover the whole AHSN region, and have engaged children, parents and carers, public health professionals, commissioners, nurses, GPs and hospital doctors in their planning and execution. It has also worked with selected industry partners such as AstraZeneca where aims are aligned.

Key achievements in 2015/16 and future plans:

1. Increase access to paediatric research

There is good international evidence that research active clinical environments deliver better clinical care and attract the best staff. Clinical Research Network (CRN)-funded staff have been placed and research studies opened in every hospital in the region. Work is underway to establish a Young Persons' Advisory Group (YPAG) and an annual YPAG–researchers meeting to share perspectives.

2. Reduce variation in antibiotic prescribing

A standardised best-practice approach to paediatric prescribing has been agreed between all five acute trusts in the network. An audit is planned to check adherence to the guideline and to highlight where further work is needed.

3. Increase uptake of flu immunisation

In the Slough area, following a targeted campaign, there has been a significant increase in uptake – **see report here**. There has been national recognition of the campaign, with materials published by Public Health England – **see website here**. The network-pioneered model of learning from high-performers and offering training to lower performers has been taken up by NHS England South with a view to wider adoption. The latest flu report on the 2015-16 season activities can be **found here**.

4. Increase adherence to best practice guidelines

Common paediatric guidelines (eg for pneumonia, bronchiolitis, asthma) are being adopted across all hospitals in the region. The network has collaborated with Buckinghamshire NHS Healthcare Trust to develop and pilot a guideline app as part of the drive to bring clinical guidelines closer to the bedside.

5. Reduce unwarranted variation in hospital admissions and interventions

The network has produced two reports highlighting the variation in admission rates and length of stay of children with common childhood conditions **(See reports here)**. The reports have stimulated engagement with CCGs with the aim of addressing variation, focussing on guideline harmonisation and education. Please see the case study for more information.

For more information on this network and its activities, please contact
tim.gustafson@childrens.oxfordahsn.org

PATIENT-CENTRED OUTCOMES

Minimise the build-up of antibiotic resistance within the Oxford AHSN region by reducing variation in antibiotic prescribing practice.

Reduce the incidence of flu in children and the wider community by improving uptake of the children's flu vaccine.

Reduce unwarranted hospital admissions and unnecessary interventions for a range of childhood conditions within the Oxford AHSN.

> ***The Children's flu information and immunisation web page provided by the Oxford Academic Health Science Network has proved to be a valuable resource in helping public health teams to promote the children's flu vaccine. The design of the website with separate areas for children and their parents as well as education and health professionals made it easy to find and share relevant information and health promotion materials with our stakeholders as well as helping to promote good practice locally. We will definitely be looking at the site to help us plan for next year.***
>
> **Jo Jeffries,**
> **Consultant in Public Health – Health Protection, Public Health Services for Berkshire**

Challenging Variation in Children's Healthcare

WHAT WAS THE NEED FOR THIS PROJECT?

There is a need for equity in access to and quality of care for children in Oxford AHSN. Greater equity in delivery of healthcare across Oxford AHSN is essential if every child is to receive optimal care in the primary and secondary sector. Greater equity 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.

Local justification for the project: The 2nd Children's Network's report, **Variation in Paediatric Care in the Oxford AHSN region (May 2016)**, identified that variation existed for a range of common childhood conditions, both in admission rates and length of stay. Building on this work, the network is investigating and identifying the reasons for such variation as well as embarking on work to address variation, focusing on engagement, education and guideline harmonisation.

WHAT ACTIONS WERE TAKEN TO MAKE A CHANGE?

We have established an active Clinical Guideline Group with consultant clinical guideline leads from all the acute trusts in the region. The Group meets quarterly and has already shared, discussed and agreed guidelines for a range of conditions **which are being commonly adopted in each hospital**.

As a separate but linked piece of work, we have harmonised paediatric antibiotic prescribing guidelines for a wide range of diseases which will help limit the growing threat of antimicrobial resistance. Teaching sessions are proposed in each Trust. We are also piloting a smartphone App in one Trust which will host clinical guidelines, bringing clinical information closer to the bedside.

We have engaged with both Children's Commissioners and Providers to identify initiatives to help reduce variation.

We have completed two regional audits on bronchiolitis and gastroenteritis in order to identify areas of variation from best practice. These will be presented to participating hospitals' paediatric clinical governance groups and re-audits are planned for a year's time to assess whether improvements have been implemented.

An e-Learning module on the management of community pneumonia for paediatricians has been developed and is about to be hosted on hospital national learning management systems within the region. Plans are in hand for a second module, this time intended for primary care on feeding and gastric reflux in babies, a common condition which can be effectively managed by GPs, community nurses and health visitors but which often results in referral to hospital.

HOW WAS IMPROVEMENT SHOWN?

As a result of evidence gathered, analysed and presented by the network, several CCGs in the region invited the network to help design and deliver targeted training to tackle identified local issues. Other CCGs are working with the network to refine their referral pathways. It is expected that the planned re-audits will demonstrate improvements in care.

WHAT OPPORTUNITY IS THERE TO DEVELOP THIS PROJECT?

There is considerable interest outside of the region in the harmonised paediatric antibiotic prescribing guidelines work. This will be written up and shared in the near future.

> ***Clinical networks are a passion of mine. What really makes a difference is clinicians working together and changing the way we deliver care to patients. I am very grateful that we have these eight networks. It is great to see lots of clinicians collaborating to have an impact on patient care. One big opportunity is to translate great ideas and insights to change behaviour and practices.***
>
> **Bruno Holthof,**
> **Chief Executive, Oxford University Hospitals Foundation Trust**

Dementia

OBJECTIVE:

To improve the memory assessment pathway, and the patient and carer experience of the assessment and management of dementia.

Summary

In recent years the significance of the impact dementia has on health and social care has been reflected in its prominence in the Prime Minister's Challenge and the Five Year Forward View. Our Dementia Clinical Network objectives align closely with these national priorities, but also respond to locally identified needs; they have brought together a diverse portfolio of projects which are well-supported through active collaborations with clinical specialists in our local geography, focussing on improving dementia care in partnership with healthcare, social care and the voluntary sector.

Key achievements in 2015/16 and future plans:

1. Support the identification and implementation of best practice in care homes

Best practice network established for care home in-reach teams. Findings from latest research shared; local improvement projects selected and under development with central network support. See Case Study for more details.

2. Improve access to support services for people with Young Onset Dementia (YOD) and their families

Collaboration with award-winning local charity (Young People with Dementia (YPWD)). Workshops for people with YOD have been rolled out across Berkshire (all seven CCGs). Patient referrals to service in East Berkshire doubled in seven months (from 10 to 21). Users of the service have experienced improved clinical outcomes and a reduced use of secondary care, with accompanying cost benefits to the NHS. **Read more here**.

3. Dementia memory clinic accreditation and improvement

Collaborative of all 12 memory clinics in region established, promoting knowledge exchange and service improvement. Six memory clinics have been supported to gain Memory Services National Accreditation Programme (MSNAP) accreditation, which standardises and improves the quality of care and experience for the 8,500 service users, and their carers, in the region. (Three already had this accreditation, the remaining three are currently being supported by the network through the process). This programme is now being extended to support local services to achieve the new MSNAP standards set in 2016. **Read the project case study here**.

4. Improve provision of post-diagnosis support

Building on the success of the MSNAP work, this new project aims to strengthen and standardise post-diagnosis support across the region, utilising the network of engaged clinicians that MSNAP, YPWD, the care home project and the webinars project have developed. Existing provision has been scoped and autumn workshops will agree and implement best practices from these as standard.

5. Reduce variation in fronto-temporal dementia diagnosis pathway

Another new project arising from regional feedback, an initial survey has scoped current pathways and a recommendations document is due for discussion across the network this autumn, with implementation of a standardised best practice pathway early in 2017.

6. Develop and implement Patient Reported Outcome Measures (PROMs) for dementia patients and carers

The development of a Dementia patient-and-carer-specific PROM, in collaboration with the CLAHRC, is a new project which aims to understand and improve the experience of individuals with a dementia diagnosis, and their carers, ensuring that the efforts of healthcare staff are directed towards areas of value.

For more information on the Dementia clinical network please contact
fran.butler@dementia.oxfordahsn.org

FOSTERING COLLABORATION & ENGAGEMENT: WEBINARS SERIES

One of the very first projects introduced by the network was a series of webinars, delivering interactive training, spreading the learning gained from other network projects, and dynamically responding to local need as it is identified. Broad themes within the series cover reducing variation in patient and carer experience and outcomes, supporting the adoption of innovation to improve the quality of care, and working to establish common agreement on dementia diagnosis and care.

This educational series has also built a culture of partnership and collaborative working across the AHSN, and initiated dialogue on a broad range of topics affecting dementia healthcare professionals. A survey of webinar attendances and their impact on clinical practice has shown that, of 68 responders, 54% had changed their clinical practice as a result.

The network has now delivered 28 webinars, with over 677 live attendees in total from across the region, and many more accessing the recordings after the event. **Read more here**.

The thread of collaboration and engagement is picked up also in the MSNAP work, where knowledge exchange between services has been facilitated by the network.

> ***'Excellent'…'wonderful'…Please continue'….'really enjoy them'… 'would not be able to attend sessions if not in webinar format'.***

Care Home In-reach Teams – fostering innovation and knowledge exchange

WHAT WAS THE NEED FOR THIS PROJECT?

This project builds on work developed in a NIHR-funded research project to improve the Well-being and HEaLth of people with Dementia (project titled WHELD) living in care homes. The study has shown that combining a person-centred care approach with social interventions and antipsychotic review is effective in reducing mortality and can improve quality of life for residents. The Alzheimer's Society /DH best practice guidance is also being updated to reflect the findings from this project.

A high proportion (60-80%) of people living in care homes have dementia and may also have coexisting mental and physical health needs. The training and support approaches used in the WHELD programme have demonstrated effectiveness in helping staff to recognise needs and provide tailored care which impacts on residents' health and well-being.
This project seeks to establish a good practice network open to in-reach teams to support their use of evidence based approaches, with the aim of developing a sustainable practice forum in which support and supervision is available.

WHAT ACTIONS WERE TAKEN TO MAKE A CHANGE?

During the period April to June 2016 Lucy Garrod consulted in-reach teams (NHS teams that in-reach into care homes) and other relevant stakeholders across the AHSN geography. Contact was made with teams and individuals across Oxfordshire, Buckinghamshire, Berkshire and Milton Keynes to find out more about their services. Information was gathered through semi-structured interviews.

HOW WAS IMPROVEMENT SHOWN?

The first workshop of the best practice network was held on 20th July 2016. The participating teams were asked to identify and bring along an issue or idea that they want to develop based on their priorities for the next months and to define one or more patient focussed objectives for this work. The workshop included an overview of the PDSA (Plan Do Study Act) cycle and teams were be encouraged to think how they could use this in their improvement work, and what their knowledge or skills gaps were that they would like to have met by participating in the network. Each team then went away from the workshop with a self-identified improvement project to develop with support from the network.

WHAT OPPORTUNITY IS THERE TO DEVELOP THIS PROJECT?

Further workshops are planned for October 2016 and January 2017. Possible outcomes identified for teams included reduction of costs, hospital admissions, falls and hip fractures, and GP appointments; improving documentation and evidence for the use of healthcare assessments; and demonstrating person-centred care, improving quality of life and the care experience.

All professionals introduced to the idea of a best practice network were supportive of the idea. Potential benefits of joining a network included:

- Sharing ideas, methods, processes and resources;
- Hearing what has worked well and what has not;
- Learning about similarities and differences in approaches;
- Learning how other teams manage the complexities & the needs of the work;
- Finding solutions to common problems.

Teams expressed a desire to be able to liaise with each other between workshops and to be able to share documents easily. Discussion forum facilities and the possibility of a repository for sharing documents will be investigated.

Best Care Clinical Networks Overview

Enhance clinical outcomes for Psychological Therapies	Increase access to paediatric research	Assess feasibility of using Neuroreader to identify and differentiate neurodegenerative diseases	Reduce variation in patient outcomes for EiP Services
Integrated care for patients with Long Term Conditions and comorbid anxiety and/or depression	Reduce variation in antibiotic prescribing	Support the identfication and implementation of best practice in care homes	Service innovation to improve EIP patient outcomes and experiences
Improve quality, use and impact of Routine Outcome Measures in Children's and Young People's IAPT services	Increase uptake of flu immunisation	Improve access to support services for people with Young onset dementia (YOD) and their families	Improve patient experience
Dementia memory clinic accreditation and improvement	Increase adherence to best practice guidelines	Extend YPWD services across the AHSN region	Improve pathway for ILD referrals
Improve provision of post-diagnosis support	Reduce unwarranted in hospital admissions and interventions	Utilisation of PROMS for patient and carer wellbeing	Increase imaging data access across geography
South region preparedness and implementation	Maintain HPV vaccine uptake	Reduce variation in fronto-temporal dementia diagnosis	Faster referral-to-treatment times for lung cancer
	Best Practice and Service Improvement	**Innovation and research**	**Interoperability**

Demystify medical procedures through patient videos

Standardise maternity guidelines across the region

Improve rates of medicines reconciliation

Improve asthma management in Emergency Depts

Optimise the prostate MRI pathway

Multidisciplinary training for maternity services

Strengthen community pharmacist support to patients

Reduce asthma-related hospital admissions

Improve accuracy and speed of cancer diagnoses

Improve access to L3 units for extremely premature babies

Guarantee authenticity of medicines

Improve asthma management in primary care

Refine clinical diagnostic skills

Increase maternity data access between Trusts

Improve use of Novel Oral Anticoagulant medication

Improve COPD management in primary care

Recruitment to research studies

Empower patients to review their medication

Establish a respiratory network

Increase access to respiratory research

Increase identification rate of small for gestational age babies

Enhance pharmacist consultation skills

Improve COPD management in Emergency Depts

MSc Fellowship in Evidence Based Healthcare

Workforce Development

Unwarranted Variation

Early Intervention in Psychosis (EIP)

OBJECTIVE:

To improve health and social outcomes for patients with first episode psychosis, including symptom reduction and engagement with education and employment.

Summary

There is strong existing evidence that the early identification of psychosis and swift effective intervention leads to reduced morbidity, better long term outcomes and lower costs to the health service and wider economy. However, historically the commissioning and provision of EIP services has varied widely across the region. This variation has started to improve thanks in part to the introduction of the national EIP access and waiting time standards, and partly due to the EIP network, raising awareness of the new standards, identifying areas of best practice and working with local teams to needed from trusts and commissioners to meet them.

The network has been highly effective in bringing together key clinicians, managers and academics from across the Oxford AHSN region. Engagement with the network is high, through their regional profile as leaders of the South Region Preparedness Programme, well-attended local best practice meetings, and information-sharing events, such as the collaborative meetings with colleagues from the Norwegian EIP services and the Australian Young and Well Collaborative Research Centre.

Key achievements in 2015/16 and future plans:

1. South region implementation of national standard

NHS England contracted the network to monitor and improve adherence to the new EIP standard. A strong steering group of CEOs/MDs from across the region was established, giving the network the mandate to gather data and work with local staff on improvement. A data collection and analysis tool was developed in collaboration with EIP staff (see case study). A first analysis of data was completed in January 2016 **(see report)**. The network then worked with local teams to address areas of concern (eg training, recruitment, structure, data recording). A second collection of data is due for analysis in September 2016.

2. Reduce variation in patient outcomes for EIP services

The network has embedded quality champions within each service. They have built strong relationships with individual teams to identify and address obstacles to data quality and completeness. A common assessment, for every young person presenting to mental health services with suspected first episode of psychosis, has been agreed and implemented across all EIP services in the region, and completion of assessments (within 2 weeks) has now risen from 75% to 95%. Standardised assessment not only ensures patients receive the most appropriate treatment and support, but provides clinicians with a common dataset which is now being used to evaluate services and care further, and improve patient outcomes. Emergent areas of focus are: duration of untreated psychosis, physical health checks and smoking cessation.

3. Service innovation to improve EIP patient outcomes and experiences

The steering group has submitted several innovations for internal consideration. Each is currently being piloted in one trust in the region. The intention is to support each trust to adopt one innovation from a partner. Innovations will be considered for formal adoption in November 2016. Current options include: **Patients Know Best**; Approved Apps shortlist; **SilverCloud**; **SHaRON**. A workshop on integrating physical health into treatments will be held in November.

4. Improve patient experience

A network of young people with psychosis and their carers is currently being recruited to ensure their voices and experience shape and inform its work. In partnership with the National Institute for Health Research's Collaboration for Leadership in Applied Health Research and Care (CLAHRC) programme, the network will harness young people's accounts of their experiences of mental health services, to create a multi-media internet resource (HealthTalk module) to raise awareness of the issues faced by young people and their families.

For more information please contact **matt.williams@earlyintervention.oxfordahsn.org**

THE CASE FOR EIP SERVICES

A comprehensive evaluation of the impact of early intervention services in the Oxford AHSN region over a three year period for young people with psychosis was carried out by the network, in collaboration with the AHSN Informatics team and Janssen Healthcare. This analysis showed clear benefits both in terms of the positive impact on individuals and an overall reduced demand on healthcare services with estimated total savings of £5-7 million per annum (read more here).

This project strengthened the case for EIP teams in the region, which has since also been aided by the introduction of the national EIP Access and Waiting time standards.

Responding to patient need in psychosis through real-time data collection and analysis. See tool here

WHAT WAS THE NEED FOR THIS PROJECT?

Following the announcement of the national access and waiting time standards for first episode psychosis, the NHS England South Implementation Programme, led by Oxford AHSN, identified the need for an online tool to provide teams with real time feedback on the level of fidelity to NICE recommendations. Baseline figures for each EI service were sought in order to identify areas where improvement is required.

Psychosis is relatively common, disabling disorder affecting thousands of young people every year. It has a hugely detrimental impact on young lives and costs the UK economy an estimated £11.8 billion per year. Early intervention is critical to improving immediate and long-term personal, clinical and economic outcomes. The new First Episode Psychosis (FEP) standard aims to not only reduce the time it takes for people to begin early intervention treatment, but also improve people's access to evidence based NICE interventions.
The standard is "two-pronged" and both conditions must be met:

1. **A maximum wait of two weeks from referral to treatment; and**
2. **Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia.**

The purpose of the project was to develop a tool to measure fidelity of Early Intervention in Psychosis Services and enable teams to focus on areas where additional provision or innovative approaches could improve patient experience across the Oxford AHSN area.

WHAT ACTIONS WERE TAKEN TO MAKE A CHANGE?

A specification for the matrix was developed by Oxford AHSN, based on: NICE guidelines for Psychosis and Schizophrenia. Led by the network clinical lead, Professor Lennox, expert opinions were gathered via: surveys of experts and literature reviews; opinions of users of EIP and their advocates regarding what works; and, site visits to a range of EIP services across the UK.

The EIP Matrix calculates percentages, using denominators and agreed thresholds to produce colour coded bar charts, which indicate levels of achievement against set thresholds; including Duration of Untreated Psychosis, NICE Interventions Delivered, Symptomology, Education & Employment Status, and Mean Body Mass Index.

Common Assessment Frameworks to regularly capture similar data have also been adopted by EI teams in the Oxford AHSN area and these are being added to Electronic Health Records in order to improve the ease of retrieving data. Furthermore, Quality Champions have now been appointed within each EI team and report that c.95% of all referrals have a Common Assessment completed within two weeks; a significant improvement on c.75% the previous year.

HOW WAS IMPROVEMENT SHOWN?

The initial data, gathered towards the end of 2015, identified a number of areas for improvement or focus. A follow-up collection of data for each team's caseload is being conducted and is due to be completed by the end of August 2016. This will offer further information to enable teams to identify where the service has improved, or requires further attention.

The findings from the Matrix and from collection of information through the Common Assessment Framework have been instrumental in focussing attention on areas of outcome variation; particularly around physical health checks and those Not in Education, Employment or Training (NEET), and led to teams developing approaches to better address these areas. This includes the employment of Individual Placement and Support staff and seeking innovative ways to monitor patients' physical wellbeing in the field.

WHAT OPPORTUNITY IS THERE TO DEVELOP THIS PROJECT?

A version two of the EIP Matrix has been released (July 2016) which provides greater functionality and will allow EI teams to review their progress, identify areas of good practice and gaps, and help to reduce unwarranted variation across the area.

This method for capturing information on an ongoing basis is sustainable and will offer a greater information on which to base decisions around provision and efficacy of interventions. As it is used across the Oxford AHSN area it offers a single, common format which will aid comparisons between engagement by teams and, in turn, potentially allow for greater sharing of approaches and expertise.

> ***The product looks brilliant and simple to use. After a relatively short time frame given for the NHS Trust to complete, the Trust and six commissioners were able to use the tool to identify areas of high and low achievement against NICE standards, finalise our service development plan and allocate funding to the team. We found the tool very accessible and straightforward to use.***
>
> **NHS directors and commissioners involved**

Imaging

OBJECTIVE:

To streamline imaging diagnostic pathways - particularly cancer pathways - so that patients can decide on their best treatment options more quickly.

Summary

Imaging services provide essential milestones on a patient's pathway through diagnosis and treatment. With improvements in technology, imaging has become more complex and powerful, bringing with it an increase in demand (eg annual increase in CT and MRI of 11%). As key decisions in healthcare increasingly rely on the results of patient scans, there is also demand for faster and easier access to scanning and reporting. With the current national shortage of radiologists and radiographers, this has led to an increase in outsourced scanning – at additional cost and with additional risks for the trusts.

At the same time, the NHS **Five Year Forward View** has targeted reducing cancer waiting times and improving early-stage diagnosis amongst its nine "must do's".

Against this backdrop the Imaging Network, formed of a group of senior radiologists, radiographers and PACs managers from across the region, has sought to standardise scanning and reporting protocols across seven trusts, collecting and analysing local data to identify best practice and to streamline the diagnostic pathways.

Key achievements in 2015/16 and future plans:

1. Increase imaging data access across geography

Worked with trust IT teams and Insignia Medical Systems, to procure and install a cross-organisational image and data-sharing system, to be used for second opinions, specialist on-call, service evaluation and research. All seven acute trusts in the network have agreed to share data over this system, utilising an over-arching Information Governance agreement developed by the AHSN. This system has been recognised by the Royal College of Radiologists (RCR) as having great potential. The first active inter-trust link is planned to be live in November.

2. Faster referral-to-treatment times for lung cancer

Working with the Royal College of Physicians to cleanse and analyse national audit data (LUCADA) and use this to clarify and agree best practice both in diagnosis method, and referral procedure.

3. Demistify medical procedures through patient videos – See Case Study

Production of a series (four to date) of hospital-specific you tube videos featuring and in partnership with patient groups. These videos describe the patient experience of specific imaging procedures, and are now incorporated into patient letters. The four videos have been viewed almost 10,000 times and the "Having an MRI scan at Great Western Hospitals NHS Foundation Trust" video has been nominated for a BMA Patient Information award.

4. Optimise the prostate MRI pathway

A minimum data set for reporting, has been agreed across all seven acute trusts, and data sharing agreements have been signed. Available facilities/infrastructure in the region have been audited to understand capacity. Data now being collected to analyse and agree best practice in the diagnosis pathway, reducing unnecessary procedures and inappropriate referrals.

5. Improve accuracy and speed of cancer diagnoses

Pilot status and Cancer Research UK funding awarded for NHS England's "ACE" innovative one-stop diagnostic pathway **(More here)**.

6. Refining clinical diagnostic skills

Worked with industry and RCR to design and develop "RAIQC" software for radiology training and revalidation. CPD accreditation has now been approved and the software will be piloted at one acute trust, prior to region-wide roll-out.

7. Recruitment to research studies

For more information please contact **parwaez.khan@imaging.oxfordahsn.org**

REDESIGNING DIAGNOSTIC PATHWAYS

The ACE (Accelerate, Coordinate and Evaluate) Programme is an initiative between NHS England, Cancer Research UK and Macmillan Cancer Support. It was established to help improve England's cancer survival rates by providing evidence on how best to design diagnostic pathways. The Imaging Clinical Network has received funding to investigate the efficacy of the multidisciplinary diagnostic centre (MDC) concept – a single testing location where a patient can undergo several tests relevant to their symptoms on the same day. It would address symptoms for which GPs find it hard to determine the appropriate referral pathway or with which patients tend to present late. Currently, these patients often fall through gaps, resulting in delays to diagnosis. Others may end up shuttling between primary and secondary care if the first or second test ordered is uninformative.

The network is also reviewing and redesigning diagnosis pathways for prostate cancer, lung cancer and interstitial lung disease, following evidence of widespread variation in practice and efficacy.

Demystifying imaging diagnostic procedures through patient videos

WHAT WAS THE NEED FOR THIS PROJECT?

Patients are often very nervous when attending a radiology imaging department for diagnostics appointments. There are a host of new experiences for many to cope with, in addition to coping with the anxiety of a serious diagnosis. Patient letters have traditionally sought to remove some of this anxiety, but have rarely been effective.

In today's YouTube era, it is possible not only to describe, but also to show video footage to a patient of what their upcoming Radiology examination experience will look like. This has been found to be a far more effective method of reducing anxiety and enhancing the patient experience, and will lead to fewer failed scans, saving administration costs.

WHAT ACTIONS WERE TAKEN TO MAKE A CHANGE?

The Imaging Clinical Network has produced a series of videos which re-enact a range of typical diagnostic appointments. These vary in their location as well as their specific query. These videos are hosted on each trust's website, as well as on the AHSN's website for patient information, and are referenced in patient information letters to ensure patients booked for a scan are aware of the availability of the videos.

There are seven hospital trusts which are part of the clinical network. Currently 4 patient videos have been produced and uploaded onto YouTube from OUH (Oxford University Hospitals NHS Trust), GWH (Great Western Hospitals), and Bedford Hospital NHS Trust. The videos produced so far include CT, PET CT and MRI Examinations.

People involved in this project include patients, patient representatives, OMI (Oxford Medical Illustrations) and staff within radiology departments.

HOW WAS IMPROVEMENT SHOWN?

So far following the posting and sign-posting of these videos, three have had over 2,500 hits on YouTube. Anecdotal patient feedback on the videos has been very positive.

WHAT OPPORTUNITY IS THERE TO DEVELOP THIS PROJECT?

The project continues to produce videos, with 4 more planned for release by November, featuring new hospitals from the region and new procedures.

The videos have been praised by the Royal College of Radiologists (RCR), who have recommended that more radiology departments should use the format to 'demystify' their procedures. The trend of patient videos is now being pushed and utilised by multiple AHSNs across the UK. The network has learned that a good communications and marketing effort at the outset is critical to getting the videos to the patients. This needs to come from the hosting trust, in patient letters, as well as the AHSN. Once a video has good viewing figures it generates interest.

The BMA (British Medical Association) has shortlisted one of the clinical network's videos – "Having an MRI scan at Great Western Hospitals NHS Foundation Trust" as part of their Annual Awards. Another video, "What is it like having an MRI scan?", filmed at OUH's Churchill hospital, was awarded an international silver medal by the Institute of Medical Illustrators.

Maternity

OBJECTIVE:

To improve patient safety and outcomes , particularly around stillbirth, through working collaboratively, introducing and spreading innovation and promoting evidence-based practice.

Summary

The Maternity Network is founded around a core group of senior midwives and obstetricians, with representation also from the Thames Valley Neonatal Network, the Thames Valley SCN Children's and Maternity Network, Health Education England (Thames Valley), and the University of Oxford. The network has also recently established a region-wide Patient and Public Involvement forum to gather the views of women and families on the network's projects, and to source future work. This forum is a combined project involving the Thames Valley Maternity Strategic Clinical Network and the Maternity Research Department (NDOG) at the University of Oxford. The wider stakeholder group totals over 150 members engaged through events, newsletters and surveys.

The Network has shaped its projects around local needs and evidence, linking these with national priorities. These range from the **Better Births Report**, **Sign up to Safety – Spotlight on Maternity** and the **Saving Babies' Lives Stillbirth Care Bundle** to locally collected data on the **transfer of pre-term babies**.

Reduction of stillbirth is a mandate objective from the government to NHS England and features in the NHS England Business Plan 2014/15 – 2016/17. Neonatal mortality and stillbirth is a key indicator in the NHS Outcomes Framework, and the Saving Babies' Lives - Stillbirth Care Bundle is a work programme for the Strategic Clinical Networks as dictated by NHS England. In response to this, the Network's projects include these priorities as a key focus, developing projects on reducing stillbirth by improving the identification of at risk babies, and addressing neonatal mortality in extremely premature babies by improving their care within the region.

Key achievements in 2015/16 and future plans:

1. Increased maternity care record sharing between Trusts

Ultrasound reporting systems have been linked between 5 of the 6 trusts in the network. This improves patient referral safety and convenience and will allow for collaborative data collection for service evaluation, audit and research in the future.

2. Increased identification rate of small for gestational age babies

The Network has launched an ambitious and innovative pilot, designed to increase the detection rate of babies who are at risk of stillbirth through a combined program of risk stratification and ultrasound scanning focusing on growth and fetal wellbeing.

3. Standardised maternity guidelines across the region

See page 29.

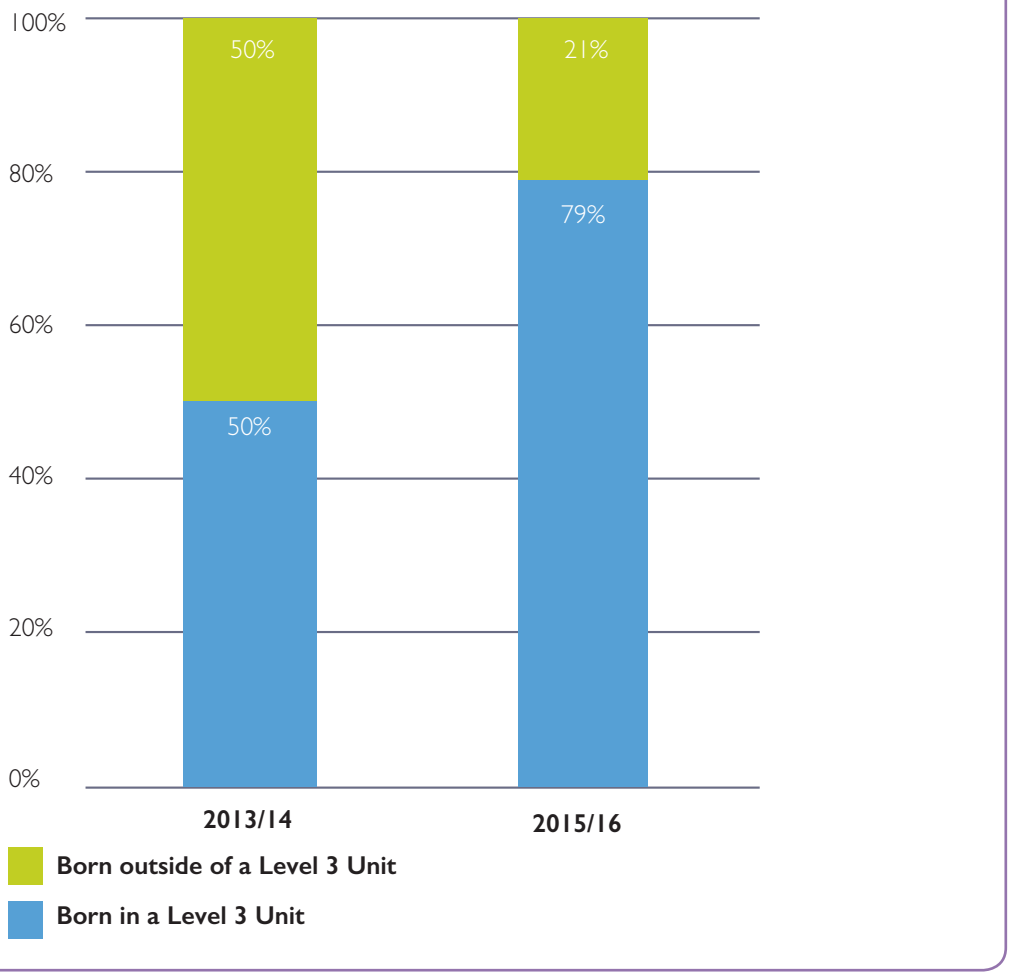
4. Multidisciplinary regional shared learning for maternity services

The Network facilitates-well received regular clinical shared learning events designed to allow local learning from clinical incidents or rare cases to be shared across Trust boundaries and between midwives and doctors. These also serve as useful barometers for the region's priorities in Maternity.

5. Improved access to L3 units for extremely premature babies

As reported in last year's review, a network-led audit revealed that a significant proportion of pre-term babies were being born outside a level 3 unit, leading to unnecessary safety risks. The network investigated the causes, and agreed and implemented a series of reforms to remedy the situation. The result has been a 50% increase in babies born in a level 3 unit in the region. The project is now in a monitoring and supporting phase, to ensure the reforms continue to be effective and embedded. See reports **here** and **here**.

For more information please contact **katherine.edwards@maternity.oxfordahsn.org**



Improving care in maternity by reducing unwarranted variation

WHAT WAS THE NEED FOR THIS PROJECT?

Unwarranted variation in care in maternity can cause a number of issues including introducing risks to patient safety, pockets of less than best clinical practice, and reduced efficiency of the healthcare system.

It can also cause complications for staff who regularly rotate through different units in our area, adversely affecting care and safety. The recent National Maternity Review discusses unwarranted variation and safety as key concerns requiring addressing to improve maternity care in the NHS. The Maternity Network is uniquely positioned to work on variation that Trusts in the region working in isolation have been less able to tackle. This includes making sure that when the care of women with complicated pregnancies involves more than one hospital their care is aligned, with straightforward care pathways and modes of communication, and where the routine rotation of staff through different Trusts creates issues.

WHAT ACTIONS WERE TAKEN TO MAKE A CHANGE?

The network identified an initial set of issues where network wide guidelines would provide an effective way of improving care. This was achieved in a variety of ways – from the reporting of clinical incidents, inviting and collecting the opinions and evidence of our key stakeholders, including staff from a range of professions, and through audits in areas of concern.

Evidence based guidelines were then developed by the Network and the Steering Group. The Steering Group consists of key representatives from all of our network Trusts, universities and other relevant networks. Our regional service user group also feeds in to this group. Each guideline is a simple one-page document, designed to be easily incorporated into existing local guidelines.

The first set of guidelines is now embedded locally, and the network is currently working on the next set using the same development model.

The first set included: identification and care of threatened preterm labour, the management of Rhesus disease in pregnancy and the administration of magnesium sulphate. The network is currently working on the administration of oxytocin, CTG interpretation tools, the appropriate use of placental histology and a perinatal palliative care framework. Details of all agreed guidelines can be found on the network website, **here**.

HOW WAS IMPROVEMENT SHOWN?

A number of clinical outcomes and indicators have improved since the implementation of the first set of guidelines.

Eg: Significantly fewer extremely premature babies have been born outside a Level 3 unit (down from 50% of the total to 23% in April 2015- March 2016). A recent Health Economics study, commissioned by Oxford AHSN, estimates that this improvement means an additional four extremely premature babies per annum will survive in our region **(see full report here)**. The local Neonatal ODN reports that they have seen a significant improvement in morbidity and mortality in these very premature and vulnerable babies. (reports available **April 2015** and **July 2016**)

The use of magnesium sulphate for neuroprotection of premature babies has significantly increased across the region.

There have been no adverse incidents related to the administration of magnesium sulphate for eclampsia in the region.

Feedback from key stakeholders indicates that the project has helped increase the sense of collaboration and cross-working between Trusts, and reduced some unnecessary replication of work.

WHAT OPPORTUNITY IS THERE TO DEVELOP THIS PROJECT?

The model for the development, agreement and implementation of network-wide guidelines is easily transferrable to other specialities and continues to be used to address further areas in maternity.

The project is regularly reviewed and work continues to increase awareness of the project – for example, the local Health Education England office support it by including the guidelines in their teaching of junior doctors.

> ***The Thames Valley Neonatal Operational Delivery Network (ODN) monitors extremely preterm babies born outside a tertiary centre and is delighted to see that there has been a dramatic reduction in preterm babies being born outside a tertiary centre. This is a major achievement in a short space of time and the whole network is to be congratulated on all the hard work and co-operation that has gone into making this project a success.***
>
> **Dr Eleri Adams,**
> **Vice Chair, National Neonatal Clinical Reference Group; Clinical Lead, Thames Valley Neonatal ODN**

Medicines Optimisation

OBJECTIVE:

To reduce waste, non-adherence and Adverse Drug Reactions (ADRs), creating a strong community of stakeholders and clinical teams committed to driving local improvements for the direct benefit of patients.

Summary

This network has at its core a well-established steering group with senior pharmacy representatives covering 7 provider trusts and all the region's CCGs. The steering group also includes local university, commercial pharmacy, industry and health education representatives.

The network has been guided by the Royal Pharmaceutical Society's four principles of medicines optimisation:

- Aim to understand the patient's experience.
- Use evidence-based choice of medicines.
- Ensure medicines use is as safe as possible.
- Make medicines optimisation part of routine practice.

Key achievements in 2015/16 and future plans:

1. Empower patients to review their medication

A public awareness campaign, encouraging patients to be honest with their prescribers about their adherence. It was developed by Reading University and has been piloted by Southampton City CCG, as a joint initiative by Wessex and Oxford AHSNs. The campaign has had very positive feedback, and is currently live in 180 practices across eight CCGs in the AHSN region. Adherence reporting will be monitored to show tangible outcome improvements by year-end. Watch the video **here**.

2. Enhance pharmacist consultation skills

Having piloted a Cognitive Behavioural Therapy (CBT) training course for pharmacists in 2015, the network was awarded £96,000 by Health Education England in 2016 to deliver the training at scale across the region. Qualitative data from the pilot suggested significant benefits to patients and prescribers, and this will be combined with quantitative data when the training begins in September. There are 150 places on the course, but only 60 remaining. Please contact the network to register interest. **Watch the video here**.

3. Improve rates of medicines reconciliation

The network led the procurement and installation of a standardised database system for recording reconciliations across all seven provider trusts. A bi-annual review process is now in place, involving commissioners and providers, to refine data capture and identify improved practices. Performing medicines reconciliation has been shown to reduce ADRs.

4. Strengthen community pharmacist support to patients

The network implemented a "Transfer of Care" scheme (as pioneered at Newcastle NHS FT) across six trusts in the region organising training and awareness events to ensure fidelity to the system. The scheme allows hospital pharmacists to refer patients for post-discharge medicines reviews at community pharmacies, aiming to reduce readmission due to non-adherence. Monitoring of system use to date shows a steady increase in uptake.

5. Guarantee authenticity of medicines

Working with the University of Oxford and Aegate, a system has been developed to automatically identify falsified medicines, thereby improving patient safety. The system was successfully piloted in a single site over 2015/16 with a second larger pilot now imminent across multiple sites in 2016. Roll-out expected 2017.

6. Improve use of Novel Oral Anticoagulant medication

A new project, intended to promote the effective and consistent use of Novel Oral Anti-Coagulants (NOACs) in the community is shortly to begin, in partnership with Pfizer.

For more information please contact **lindsey.roberts@medopt.oxfordahsn.org**

WORKING WITH INDUSTRY AND ACADEMIA

At the inception of AHSNs, it was emphasised that meaningful links must be built between the NHS, industry and academia. Moreover, in a culture of tapered national funding, being able to attract support and investment from a range of partners is not only a ringing endorsement of a network's ambition – it is a key sustainability issue. The Medicines Optimisation Network has been awarded significant funding and/or dedicated staffing support by:

- Pfizer
- The University of Oxford
- Aegate
- Health Education England

to deliver specific projects within its programme, and it works closely with these partners to ensure expectations are met.

> ***This service (Transfer of Care) will make an enormous difference to our ability to help patients after discharge from hospital.***
>
> **Khal Khaliq, community pharmacist, Lansdale Pharmacy, High Wycombe**

Respiratory

OBJECTIVE:

Use national quality standards and guidance to understand and reduce unwarranted variation in patient outcomes, and robust regional data to identify and spread best practice, reducing the burden on acute services.

Summary

Respiratory disease is one of the top three killer diseases in the UK. It is largely responsible for the winter bed crises. The UK has one of the highest mortality rates in the EU for respiratory disease. With this in mind Oxford AHSN have commissioned a respiratory network as part of our Best Care Clinical Networks Programme.

This network was newly formed by the AHSN in April 2016. The network will be focusing on asthma and COPD across three care settings; secondary care chest wards, emergency departments and primary care.

Currently, the network team comprises three clinical leads and a network manager, for its seven projects. It is in the process of building a network of engaged clinicians and commissioners, meeting with Respiratory ED leads, Asthma and COPD ward leads, CCG Long Term Conditions commissioners, and Respiratory Clinical Research Network leads across the region. It has acquired some early data through the AHSN informatics team and HSCIC, and, combining this with several local surveys to assess current impressions of service provision in the region, will produce a preliminary report for stakeholder discussion in September. These discussions will then produce a finalised published report ahead of the network launch event in October.

Key achievements in 2015/16 and future plans:

1. Establish a regional respiratory network

Initial meetings are taking place with respiratory clinicians and commissioners. A network launch event scheduled for October.

2. Improve COPD and asthma management in Emergency Departments, and reduce asthma-related hospital admissions (three projects)

Inpatient data obtained from HSCIC and analysed. Further data is pending (HES, QOF, GP Prescribing Dataset, EPR (OUH only) & 'in house' surveys) The initial finding are due for discussion and publication in late September.

3. Improve COPD and asthma management in primary care (two projects)

Spirometry diagnosis data has been obtained and analysed. Survey questionnaires for primary care and emergency care contacts have also been developed and sent out.

For more information please contact **richard.jerrett@respiratory.oxfordahsn.org**

MEET THE TEAM

Professor Ian Pavord has a particular interest in asthma, chronic pulmonary disease and chronic cough. He is an internationally renowned researcher in these areas and has played a lead role in developing three of the most promising emerging treatments.

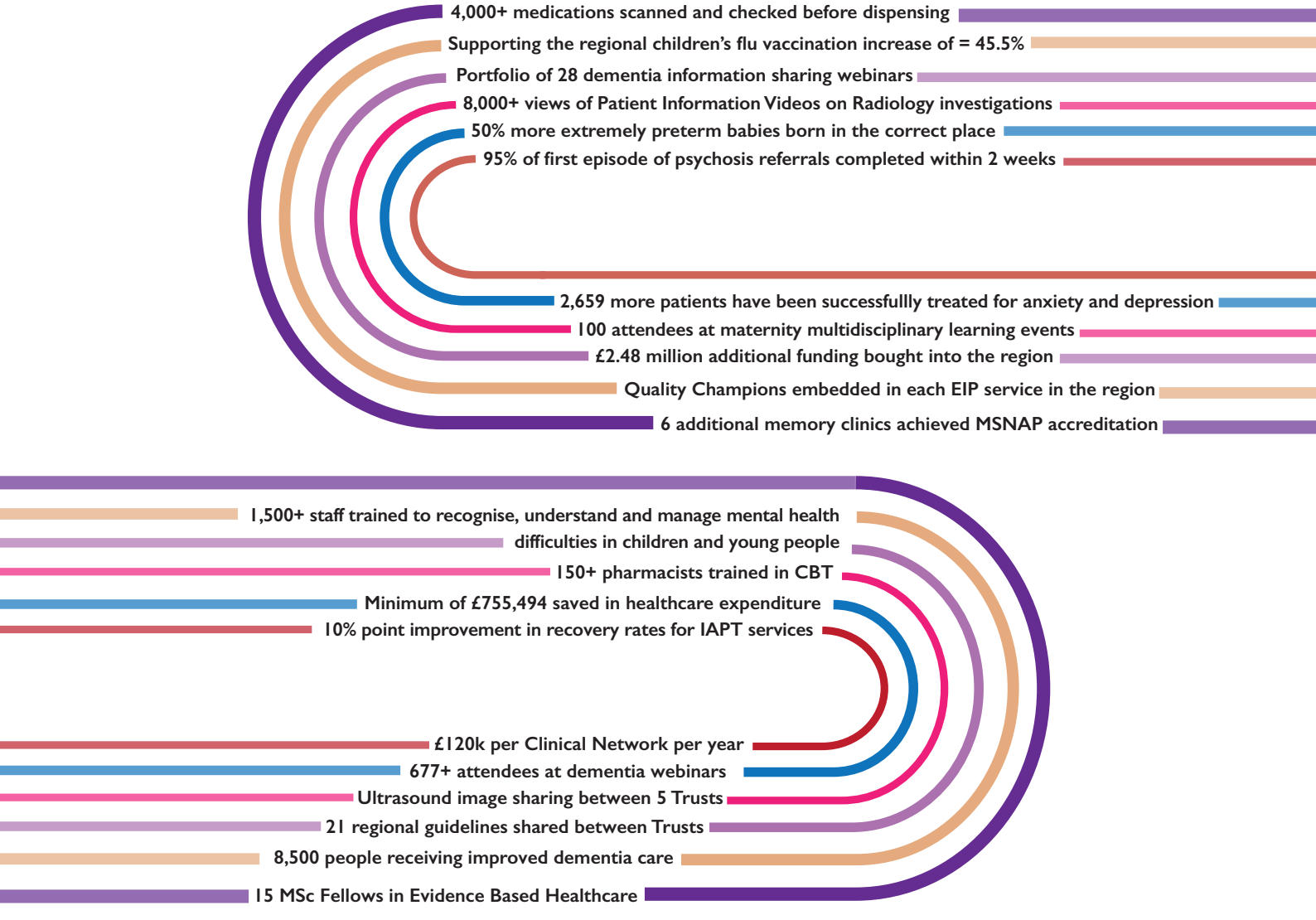
Dr Richard Russell has focused his research and practice on COPD, asthma, and delivery of care. His research has examined the basic mechanisms of COPD and disease progression in a population of smokers in primary care.

Dr Mona Bafadhel is an NIHR clinical lecturer in respiratory medicine. Her research is focused on phenotyping and the management of COPD. She is an NIHR postdoctoral fellow, senior lecturer in respiratory medicine and honorary consultant respiratory physician.

Demonstrating Value in the Best Care Clinical Networks

Oxford AHSN was initially granted a licence and funding from 2013 – 2018. We are now working with NHS England to secure a renewed licence to continue our programmes. We also receive some funding directly from our partner institutions in the NHS, higher education and industry – and we recognise that there is an ongoing need to demonstrate the impact and value of that investment.

The aim of the Best Care Clinical Networks programme has been, and will continue to be to facilitate and enable the delivery of improved health outcomes and to address the challenges facing healthcare services across the region. This work depends for success upon the large number of people, both NHS and non-NHS, who continue to give their time for free to contribute to documents, input into discussions, influence people around them, and change their practices in line with what they have agreed. The networks are not small project teams hidden in an office, creating agendas – and if ever they are perceived as this then we have failed. They must continue to be a rich community of passionate, engaged people who come together to contribute to real and valuable change in the region.



The Best Care Clinical Networks Programme was set up by the AHSN to meet the following core objectives, handed down by NHS England to all AHSN's.

A – Promote health equality and best practice

B – Speed up adoption of innovation into practice to improve clinical outcomes

C – Build a culture of partnership and collaboration

The programme also addresses other key NHS priorities such as long terms conditions, and patient safety.

Network	Project	Best Practice	Collaboration (Industry)	Collaboration (3rd Sector)	Collaboration (Healthcare, not industry)	Innovation	Interoperability	Long Term Conditions	Mental Health	Optimising Medicines	Patient and Public Involvement	Patient Safety	Research	Service Improvement	Unwarranted Variation	Workforce Development
Best Care	MSc Fellowship in Evidence Based Healthcare					X							X			X
A and D	Enhancing clinical outcomes for Psychological Therapies	X			X				X		X			X	X	X
	Integrated care with Long Term Conditions	X			X	X		X	X		X		X	X	X	
	Improving paired outcome measures collection for Children and Young People	X			X				X		X			X	X	
Children's	Increase access to paediatric research				X	X							X			
	Reduce variation in antibiotic prescribing	X			X					X		X		X	X	
	Increasing uptake of flu immunisation	X	X		X					X		X		X	X	X
	Increase adherence to best practice guidelines	X			X	X						X		X	X	
	Reduce unwarranted in hospital admissions and interventions	X			X	X								X	X	X
	Maintaining HPV vaccine uptake	X	X		X					X		X		X	X	X
Dementia	Feasibility of using Neuroreader to identify and differentiate neurodegenerative diseases					X			X				X	X	X	
	Supporting the identfication and implementation of best practice in care homes	X			X	X		X	X			X	X	X	X	X
	Roll-out of support services for Young People with Dementia (YPWD) into East Berkshire	X		X				X	X		X			X	X	X
	Extending YPWD services across the AHSN region	X		X	X			X	X		X			X	X	X
	Utilisation of PROMS for patient and carer wellbeing	X			X	X		X	X		X		X	X		
	Reduce variation in fronto-temporal dementia diagnosis	X			X			X	X					X	X	
	Dementia memory clinic improvement and accreditation	X			X			X	X		X	X		X	X	X
	Improving provision of post-diagnostic support	X				X		X	X					X	X	X
EIP	South region preparedness and implementation	X		X	X	X			X		X			X	X	X
	Reducing variation in patient outcomes for EIP Services	X			X				X			X		X	X	X
	Service innovation to improve EIP patient outcomes and experiences	X	X		X	X			X		X		X	X		X
	Improving patient experience	X			X	X			X		X		X	X		
Imaging	Improve pathway for ILD referrals	X								X		X		X		X
	Increase imaging data access across geography	X				X	X					X	X			
	Faster referral-to-treatment times for lung cancer	X					X					X		X	X	
	Demistify medical procedures through patient videos	X		X		X					X		X	X		
	Optimise the prostate MRI pathway	X					X					X		X	X	
	Improve accuracy and speed of cancer diagnoses	X				X						X	X	X		
	Refining clinical diagnostic skills					X						X	X			X
	Recruitment to research studies					X							X		X	
Maternity	Increase identification rate of small for gestational age babies					X					X	X		X		X
	Standardise maternity guidelines across the region	X			X	X				X		X		X	X	
	Multidisciplinary training for maternity services	X			X	X								X	X	X
	Improve access to L3 units for extremely premature babies	X			X		X					X		X	X	
	Increase maternity data access between Trust	X			X		X					X			X	
Meds Ops	Empower patients to review their medication				X	X		X		X	X	X		X		
	Enhance pharmacist consultation skills	X			X	X		X		X		X		X	X	X
	Improve rates of medicines reconciliation	X			X	X	X			X		X		X	X	
	Strengthen community pharmacist support to patients	X			X	X				X				X	X	X
	Guarantee authenticity of medicines	X			X	X				X		X		X	X	
	Improve use of Novel Oral Anticoagulant medication	X	X			X				X						
Respiratory	Establish a respiratory network		X	X	X						X					
	Improve COPD management in Emergency Depts	X			X			X				X		X	X	
	Improve asthma management in Emergency Depts	X			X			X				X		X	X	
	Reduce asthma-related hospital admissions	X			X			X						X	X	
	Improve asthma management in primary care	X			X			X						X	X	
	Improve COPD management in primary care	X			X			X						X	X	
	Increase access to respiratory research				X								X			

Clinically-led, patient-centred

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