



## Oxford AHSN Year 6 Q4 Report

For the quarter ending 31st March 2019

**Cover image:** A collaboration between the Oxford AHSN and Roche Diagnostics with NHS and research partners to deliver better care for pregnant women affected by pre-eclampsia won the prize for Best Healthcare Provider Partnership at the HSJ Partnership Awards

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## Chair's Report

I am delighted to present our sixth Annual Report. On behalf of the Oxford AHSN Board I would like to say how well the programmes and themes have progressed in the last year. Engagement with frontline clinical and non-clinical staff has grown significantly again this year and I am particularly pleased that the AHSN is collaborating with so many GP practices across the region – driven by improvements in detecting atrial fibrillation and rollout of PINCER to improve patient safety when prescribing. We are working in key priority areas for the NHS - for example, we have a substantial mental health programme, our emergency department collaborative and emergency laparotomy collaborative are sharing best practice the region.

We are very proud that so much of our collaborative work with our colleagues in the region has been recognised nationally through [winning or being finalists for five national awards](#) during 2018/19. Led by Katie Lean in our Patient Safety Collaborative, we won the HSJ Patient Safety Award for Quality Improvement Initiative of the Year for the Good Hydration! initiative which improved hydration in care homes in the region and reduced hospital admissions due to urinary tract infections by 36%. The work is being adopted in Buckinghamshire, Milton Keynes, Luton and other regions. In March our pre-eclampsia diagnosis project with Roche, led by Guy Checketts, won the Best Healthcare Provider Partnership at the HSJ Partnership Awards.

We have increased the size of our team, with the continuing support of NHS England, NHS Improvement, the Office for Life Sciences, Health Education England, our local NHS and University partners and through a growing portfolio of grants and industry sponsorships. We will continue our focus on supporting innovation adoption and improvement in our region's healthcare services through fostering collaboration between the NHS, industry and universities. This will improve patient outcomes, safety and experience and value for money in the NHS, and, at the same time, support economic growth. Our partnership with Health Education England enters its seventh year – whereby we build training and education packages for frontline clinicians into the improvement and innovation adoption work.

The 15 AHSNs are supporting each other to deliver the national programmes, develop the Innovation National Networks and determine candidates for the next portfolio of national programmes for 2020-2023. The Oxford AHSN is leading in several key areas e.g. the atrial fibrillation national programme, the Research and Development Innovation National Network, the national Maternal and Neonatal health safety collaborative and rollout of the pre-eclampsia diagnostic test. We have also developed national implementation packs for the pre-eclampsia diagnostic and the patient safety devices which are supported by the Innovation Technology Payment scheme. Our Strategic and Industry Partnerships programme has been leading nationally on the evaluation of diagnostic technologies and the development of a digital health roadmap for innovators.

We were delighted to welcome Fiona Wise, Simon Greenstreet and Peter Ellingworth on to the Board this year.

I would like to thank the Board and Gary and his team for their commitment and achievements this year.

**Nigel Keen**

**Chair, Oxford AHSN**

## **Chief Executive's Review**

We have made a very impressive start to the first year of the new five-year licence period. Oxford AHSN supports over 100 collaborative local and national projects. We have published 77 case studies in our quarterly reports since we started and ten of these are published on the AHSN Network Atlas. Our teams and colleagues from the local NHS and from our industry partners have won two awards from the HSJ and one from NICE this year.

AHSNs were established as regional partnerships to build collaboration between NHS services, industry and academia to deliver improved patient outcomes and economic growth by facilitating diffusion of innovation and good practice. During 2018/19 the Oxford AHSN has developed support for innovators and clinicians to introduce new ideas and technologies, supported adoption of 50 innovations, delivered six patient safety programmes, met 500 companies and established 30 formal partnerships and leveraged £72m to improve health in our region and support economic growth. We have reviewed over 350 innovations to select the best evidenced and most impactful for our region. To date we have supported £125m inward investment into the region.

The Oxford AHSN has deep expertise in evaluation and adoption of innovation and improvement in diagnostics, digital and medical technologies, and supported development of clinical networking in mental health, maternity, cardiovascular disease and patient safety, underpinned by patient and public involvement. We will continue to build on these strengths and focus our work with local partners on the NHS priorities of maternity safety, mental health and urgent and emergency care.

We will continue to support the local partners we work with including the Sustainability and Transformation Partnerships (STP) - Buckinghamshire, Oxfordshire and Berkshire West; Frimley Health and Care; and emerging Integrated Care Systems (ICS) including Bedfordshire, Luton and Milton Keynes.

NHS England and the National Institute for Health Research (NIHR) are committed to better understanding and articulating the research needs of the NHS and building effective partnerships between the research community and STPs. I am leading the AHSN Network Research Innovation National Network, and, in collaboration with Dr Louise Wood, Director of Science, Research and Evidence at the Department of Health, we commissioned a research needs survey this year. The results of the survey of stakeholders from all 15 AHSNs are due to be published soon. We have also supported the NIHR Applied Research Collaboration bid and we will work closely with the new organisation to strengthen the links between applied research and deployment of innovation in the region.

I look forward to welcoming Dr Guy Rooney who joins the team as our first Medical Director. I would like to thank my team for their dedication and commitment to making a difference to the lives of patients in our region. Our work is underpinned by a strong patient and public involvement theme, and I am grateful to our lay members who provide invaluable support to our work. I would also like to thank our Chair, Mr Nigel Keen, and our Deputy Chair and CEO of our host trust Oxford University Hospitals, Dr Bruno Holthof, for their continued support and encouragement.

**Professor Gary Ford CBE FMedSci**

**CEO, Oxford AHSN**

## Oxford AHSN case studies

Case studies included in this report:

1. **Improving detection and management of atrial fibrillation (AF)**
2. **Learning together through a regional patient-centred event to improve sepsis support and information**
3. **Understanding the impact of a new model of urgent care within a GP practice**

### Oxford AHSN Case study 1

**Date:** Q4 2018/19

**Programme/Theme:** Clinical Innovation Adoption

**Title:** Improving detection and management of atrial fibrillation (AF)

#### Overview summary

The Oxford AHSN has developed and implemented a comprehensive collaborative work programme bringing together expertise from the NHS and industry to reduce morbidity and mortality related to stroke caused by atrial fibrillation (AF). Innovative improvements in the detection and management of AF are reducing the numbers of AF-related stroke, preventing disability and reducing NHS costs.

#### Challenge identified

Atrial fibrillation (AF) is the most common cardiac arrhythmia, estimated to affect around 2.5% of the population (58,000 people in the Oxford AHSN region). AF is a major cause of stroke, responsible for around 20% of all strokes in the UK. Strokes caused by AF tend to be more severe than other strokes; the mortality rate is higher, and people are more likely to be left with severe impairments that require long-term care. Stroke can have a devastating effect on patients and their families as well as costing the NHS over £13,000 in the first year alone. Many people who have AF are unaware that they have the condition. Nationally, there is an impetus to detect more cases of AF through simple pulse checking and the use of new mobile ECG technology. It is estimated that around 11,500 people in the Oxford AHSN region are unaware that they have AF. Oral anticoagulation therapy with warfarin or a direct oral anticoagulant (DOAC) can reduce the relative risk of stroke in patients with AF by up to 66%. However, not all people who are at risk of an AF stroke are receiving the appropriate anticoagulation therapy. It is estimated that around 5,400 people in the Oxford AHSN region who are diagnosed with AF and have an elevated risk of stroke are not currently receiving anticoagulation therapy.

#### Actions taken

In 2018/19 the Oxford AHSN completed and evaluated three projects aimed at identifying patients with AF who are not being anticoagulated or whose current anticoagulation is not optimised. Projects included:

1. Pharmacist-led primary care anticoagulation initiation service
2. 'Excellence in AF'
3. Oxfordshire Anticoagulation Optimisation

These projects differed in terms of focus and methodology but have a commonality in that they all drew on the skills of secondary care specialist pharmacists supporting improvement in primary care.

During this past year the Oxford AHSN also continued work on the national programme to increase AF detection, along with all other AHSNs in England. In addition, the Oxford AHSN was successful in securing industry funding for two further projects which will be delivered in 2019/20. These projects are:

1. AF Champions – delivering AF improvements across an integrated care system
2. AF detection for house-bound patients

## Impacts/outcomes

### **Pharmacist-led primary care anticoagulation initiation service**

Oxford AHSN piloted and evaluated a novel model of anticoagulation initiation, within the primary care setting, harnessing the specific expertise of specialist pharmacists to counsel patients, assess bleeding and stroke risk and use shared decision-making techniques to decide on appropriate anticoagulation. This project closed at the end of Q3 2018/19 and was evaluated in Q4. Over 1,000 patients received a 'desk-top' review – e.g. a review by a specialist pharmacist to ensure their anticoagulation was optimised. A total of 465 patients received a consultation with a specialist anticoagulation pharmacist.

- 176 patients were 'anticoagulation-naïve' at the time of consultation - 112 (64%) of these patients were initiated on anticoagulation
- 262 patients were on warfarin with poor time in therapeutic range (TTR) at the time of consultation, with 140 (53%) of these being transitioned onto a DOAC
- 178 patients on a DOAC were reviewed to check correct dosing. 29 DOAC doses were found to be incorrect or contraindicated (19 too low, six too high, four contraindicated) and these were corrected
- **We estimate that up to 13 strokes per annum have been prevented** because of the programme and that a further ten patients have been protected from medication-related harm because of prescribing errors.

### **Excellence in AF**

The Excellence in AF project brought together the skills and expertise of all the partners to deliver impressive and sustained improvements for patients with AF. It was designed collaboratively by Buckinghamshire CCG, Oxford AHSN and Bayer and identified patients at high stroke risk who were not receiving oral anticoagulation therapy. They were then invited for stroke risk counselling at their GP surgery and offered oral anticoagulation therapy where clinically appropriate.

Twenty-eight GP practices in Buckinghamshire took part in the first phase of the project, with 4,400 of their patients having a detailed review. As a result, an additional 266 patients are now receiving oral anticoagulation, 227 of whom have a high risk of stroke. **This equates to up to 17 fewer strokes per annum avoiding approximately £230,000 in stroke care costs annually.** Practices were also supported to carry out a quality improvement project to identify areas for sustainable improvement in AF care. Anticoagulation rates were already relatively high in Bucks so the benefits in other regions could be even more significant. The project generated both qualitative and quantitative feedback which helped the CCG develop ongoing initiatives to support GP practices.

*"You have helped us embed the change. You have made us focus on AF and discuss our processes and make changes. Now we want to check them regularly to see how we are doing."* – GP feedback

This project was a finalist in the 'Best Pharmaceutical Partnership with the NHS' category of the HSJ Partnership Awards 2019. Read more [here](#) .

### **Oxfordshire Anticoagulation Optimisation**

This project, which was commissioned substantively in 2018/19, demonstrated that an outreach education and support service led by specialist anticoagulation pharmacists, with consultant haematologist backing, can increase the skills of GPs and help improve safe and optimal anticoagulation management in the community. Compared to a centralised initiation and review service, this is a low-cost approach promoting safe anticoagulation closer to home.

This initiative was a collaboration between Oxford University Hospitals, Oxfordshire Clinical Commissioning Group (CCG) and the Oxford AHSN. It was supported by educational grants from Pfizer and Daiichi-Sankyo. The project aimed to increase the skills of both GPs and community pharmacists and improve management

of patients with AF who have poor TTR on warfarin. Two specialist anticoagulation pharmacists (1 whole time equivalent), with haematology consultant support, provided:

- email and telephone advice
- educational sessions and note-based reviews in GP practices
- education sessions for community pharmacists to help effectively deliver the New Medicines Service and Medicines Use Reviews to patients on anticoagulants.

Data shows an improving trend in the number of patients on warfarin with poor TTR. An NHS service based on this project has now been commissioned locally. Nationally, different projects are underway to optimise anticoagulation.

The project won an AF Association Healthcare Pioneer Award: 'Showcasing Best Practice in AF' and a [research paper](#) was published in the British Journal of Haematology in March 2019.

### **Detection programme**

In common with other AHSNs across the country, the Oxford AHSN has accessed NHS England funding to acquire a range of digital devices that can support clinicians in detecting AF. We are working with CCGs across our region to take these devices into primary care and to evaluate their impact in increasing detection rates.

### **Future plans**

- Evaluate project delivery and facilitate spread to other CCGs
- Develop the AF detection programme in line with national priorities

### *AF champions programme, Berkshire West*

Oxford AHSN, Wokingham GP Alliance and the Royal Berkshire Trust were successful in securing £149,000 from the Pfizer-BMS alliance to develop a local anticoagulation champions programme across Berkshire West and to pilot a virtual multi-disciplinary team for anticoagulation to support GPs in dealing with the most complex patients. A series of educational tools is being developed to support this work.

### **National priorities addressed**

- Care and Quality
- Funding and Efficiency
- Health and Well Being
- Driving Economic Growth

### **AHSN priorities covered**

- Cardiovascular
- Long-term conditions
- Medicines optimisation
- Patient safety

### **Start and end dates**

2015-ongoing

### **Contact**

Hannah Oatley, Clinical Innovation Adoption Manager  
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National Audit Office: Progress in improving stroke care, Report on the findings from our modelling of stroke care provision (February 2010)

## **Oxford AHSN case study 2**

**Date:** Q4 2018/19

**Programme/Theme:** Patient Safety and Clinical Improvement

**Title:** Learning together through a regional patient-centred event to improve sepsis support and information

### **Supportive quotes**

*"The combination of patients' and clinicians' experience feels like such a powerful cocktail for change - and change in this case means saving lives"* Geoff O'Donoghue, sepsis survivor

*"An excellent example of how to do patient/public engagement work. Useful & enjoyable"* Bethan Page, researcher

*"Valuable reminder that holistic care is good care"* Dr Andrew Cooney, sepsis lead consultant, Milton Keynes University Hospital

*"A humbling experience that will change my practice"* Owen Gustafson, Physiotherapist, Oxford University Hospitals

### **Overview summary**

Sepsis is a life-threatening condition caused when the body responds poorly to a bacterial infection and attacks its own tissues and organs. The Oxford Patient Safety Collaborative co-designed a learning event which gave equal billing to patients and relatives to share their experiences of sepsis, together with national and regional clinical experts. Of the 73 people who attended around one third were patients or carers. Presentations were interspersed with facilitated workshops to encourage equal engagement from all attendees. Evaluation from feedback forms completed on the day found 100% of respondents said they found the event useful. In a follow-up survey 100 days later 87% of respondents reported raised awareness of sepsis.





More details including the full evaluation reports can be found [here](#).

### **Challenge identified**

Feedback from a small focus group established that a shared learning event would be a useful vehicle to meet the challenge of engaging patients meaningfully in our sepsis work.

The aim of the event was to learn together to improve sepsis support and information for people in our region. The objectives included:

1. hearing national and regional updates on sepsis
2. providing an opportunity to network, engage with and learn from people who have experienced sepsis
3. inputting into patient information resources
4. inputting into teaching resources
5. discussing the needs and opportunities for a regional sepsis patient support group and inputting into a regional strategy.

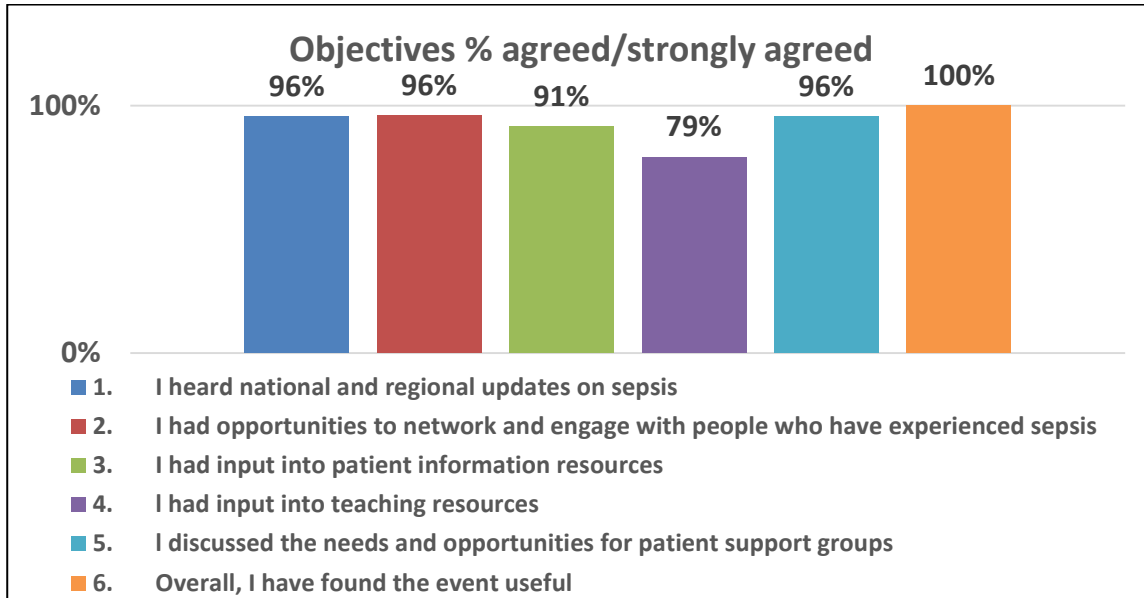
### **Actions taken**

We established from a small cohort of sepsis survivors what would be a useful way to engage with them through informal discussion. We co-designed the agenda with patients and clinicians. We secured three patients and one relative to speak, as well as the Chief Executive of the UK Sepsis Trust for the national perspective and our clinical lead for regional updates. We identified patients and relatives through post-intensive care support groups, the [UK Sepsis Trust](#), those known to clinical staff who are part of our regional sepsis stakeholders group and advertising via social media and newsletters including GP bulletins.

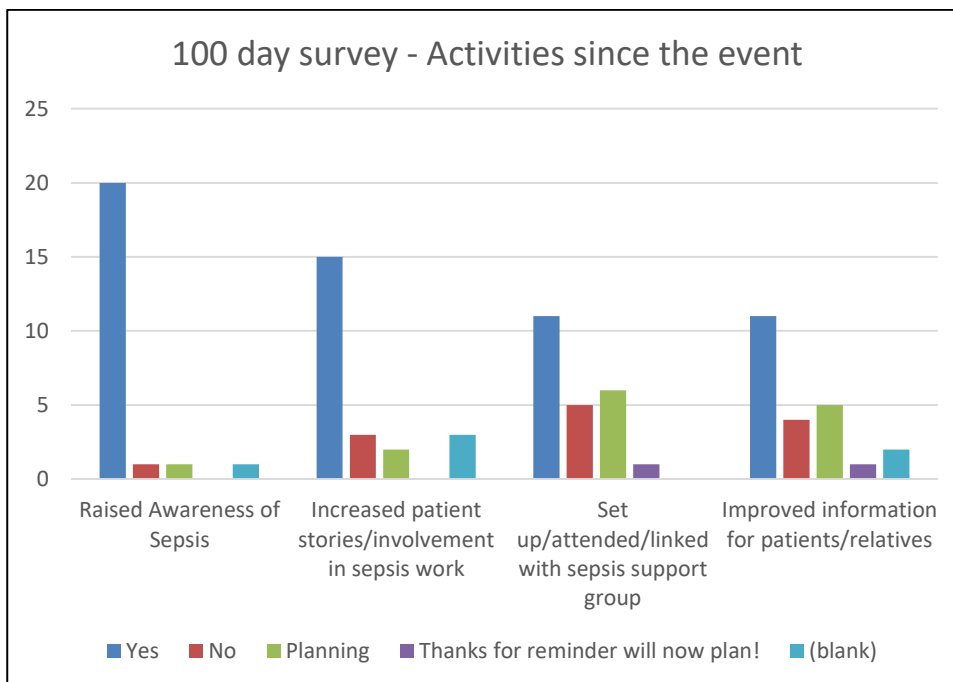
We gained CPD accreditation. We used [Liberating Structures](#) facilitation techniques to support all participants to engage equally in the workshop sessions.

**Impacts/outcomes**

Evaluation of the event was undertaken through written feedback forms on the day based on 80% (n = 48) of eligible attendees (mix of patients, clinicians and other)



A follow-up survey 100 days on was sent to 62 attendees. This had 23 responses (37% response rate)



**Outputs from the event**

1. Two patient-led support groups set up in our region, with help from UK Sepsis Trust
2. A portfolio of patient stories to use in education – videos, written and in person

3. A regional patient information leaflet significantly amended based on patient/relative feedback
4. Dedicated patient and relative resources on our [website](#)
5. More patients and lay representatives engaged in various ways in the Oxford PSC / Oxford AHSN.

### Future plans

A second patient engagement event is planned for later in 2019 focussing on post sepsis syndrome, including co-designing a regional safety netting card.

### Tips for adoption

1. It is an empowering experience for patients and relatives and hugely humbling for clinicians to hear from lived experience that changes practice.
2. It takes time to build relationships with patients to create meaningful engagement. The event was held a year after the initial conversation with clinical lead. Patients need different levels of support even to attend an event - covering travel costs, individual phone calls and follow up letters to explain the event – using a personal touch to build trust.
3. Applying for continuous professional development (CPD) points, although quite time consuming, does help to clarify objectives, give a sense of purpose and ensure post-event evaluation is carried out (feedback sought on the day and 100 days after the event).



### National priorities

- Care and quality
- Health and wellbeing

### AHSN priorities

- Patient safety
- Promoting health equality and best practice
- Building a culture of partnership and collaboration
- Positive experience of treatment and care
- Treating people in a safe environment and protecting them from avoidable harm

### Contact

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**Start and end dates** 2016-ongoing

## Oxford AHSN case study 3

**Date:** Q4 2018/19

**Programme/Theme:** Clinical Innovation Adoption

**Title:** Understanding the impact of a new model of urgent care within a GP practice

### Overview summary

The Oxford AHSN has conducted two audits, in 2017 and 2018, to assist [Brookside Group Practice](#) (a three-site teaching GP practice in Reading) to understand the impact of a new model of urgent (same-day) care. The second audit also looked at the impact of two point of care (POC) diagnostic tests, introduced through the Oxford AHSN's Strategic and Industry Partnerships team. The audits demonstrated the efficient and effective use of a multidisciplinary team approach for treating patients requiring urgent appointments.

### Challenge identified

Urgent care is an extremely important component of primary care which can be managed in a variety of ways. It is crucial that this element of primary care keeps pace with other operational demands in the NHS, otherwise it can lead to increased pressure on emergency departments and hospital admissions and have a corresponding negative impact on both patients and primary care staff. The increasing workload and pressure within primary care, together with declining numbers of GPs, have led GP practices to look for alternative, more efficient models of care.

Brookside Group Practice was experiencing increasing pressure on all appointments and had an unsatisfactory urgent care system/process. The previous urgent care model was based on telephone triage and subsequent appointment if needed. GPs were spending a significant amount of time on the telephone rather than seeing patients. Due to the demand for urgent appointments, an additional evening clinic was introduced, and this frequently overran considerably.

The practice recognised this was not an efficient use of resources and was unsustainable. It did not adequately address the needs of patients and demands on the practice, nor did it make appropriate use of the skills available within the multidisciplinary team. A new model of urgent care was fully introduced in July 2017 which moved away from a single professional (GP) clinic towards utilisation of the skills and competencies of the multidisciplinary team.

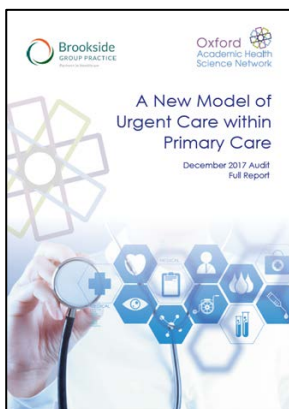
The new clinic model eliminates the need for telephone triage as patients are given an appointment in the clinic. Patients are seen by one of the multidisciplinary team which comprises GPs, practice nurses, prescribing nurses, paramedics and physician associates. Each clinic has a supervising GP who can review patients if additional advice is needed, a prescription required or the patient requests GP input.

The King's Fund 2019, Measuring General Practice Productivity

### Actions taken

The practice approached the Oxford AHSN to assist with understanding the impact of the new model of clinic. The Oxford AHSN developed an audit to capture necessary information and outcomes. Every clinician participating in the urgent care clinic was asked to complete one audit form per clinic. The audit covered:

- The number of patients the clinician treated without input from the supervising GP



- The number of patients the clinician saw who did require input from the supervising GP
- For those patients requiring input from the supervising GP, the reason for this
- If the urgent care clinic was appropriate for each attendance.

The initial audit was undertaken in December 2017. A follow-up audit was carried out in December 2018. This included additional questions relating to point of care (POC) tests introduced into the practice in November 2018 with support from the Oxford AHSN Strategic and Industry Partnerships team. The additional questions related to:

- The number of POC tests undertaken
- Whether the result of the POC test altered the management plan for the patient
- If the POC test had not been available, what course of action would have been taken

The Oxford AHSN carried out a more detailed analysis of the ‘complex’ patients who required input from the supervising GP, which provided a breakdown of the presenting complaint.

In November 2018 an article was published in Pulse Today, an online magazine for general practice, highlighting the results from the December 2017 audit: ‘Our urgent clinic improved same day access while freeing up GP time’.

### Impacts/outcomes

The key results from the audits are highlighted below:

	<b>December 2017</b>	<b>December 2018</b>
% patients seen without supervising GP input	47.4%	30.7%
Most common reason for supervising GP input	Complex issue – 51%	Complex issue – 48.9%
	Prescription – 43.9%	Prescription – 46.3%
Inappropriate attendances at urgent care clinic	9.8%	4.5%

The audit report provides more detailed information regarding the breakdown of attendances by age and by presenting complaint as well as a breakdown of outcomes by clinician discipline. The audit results have highlighted areas for further potential efficiency within the clinic.

This includes the development of clinicians’ skill sets, for example increasing the number of clinicians with prescribing rights. Both audits demonstrated that 53% of patients seen by non-prescribing clinicians had input from the supervising GP due to a prescription being required.

During the December 2018 audit, seven patients had a POC test. This number is too small to draw conclusions regarding the impact of the tests. The data will continue to be collated to enable a more detailed analysis of its impact.

Overall the results demonstrate the model of urgent care is an efficient and effective way of using the skills of the multi-disciplinary team to see urgent patients within primary care, while also providing regular training opportunities for clinicians. Feedback from both patients and clinicians has been very positive.

**Future plans**

- Further analysis of the impact of the POC tests

**National priorities addressed**

- Care and quality
- Funding and efficiency
- Health and wellbeing

**Start and end dates**

2017 – 2019

**Contact**

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## Operational Review

During Q4 and the last 12 months we have seen good progress on local and national programmes and we have achieved our key milestones and KPIs. Five of the seven national programmes are going well but there are issues with SIM and ESCAPE-Pain which are discussed below.

We have expanded the teams in two of our three programmes – Clinical Innovation Adoption (CIA) and Strategic and Industry Partnerships (SIP). We have also appointed our first Medical Director; Dr Guy Rooney joins the team in June. There is good collaboration between the three programmes, eg between Patient Safety and Clinical Improvement (PS&CI) and CIA on emergency laparotomy and between PS&CI and SIP on spread of the pre-eclampsia diagnostic in maternity units. SIP and CIA are working closely together to ensure we have a single entry point for innovators into our Innovation Exchange process.

The NHS Improvement (NHSI) Board confirmed that the 15 Patient Safety Collaboratives (PSC), hosted by the AHSNs, will be funded for another year; the amount of funding has not been confirmed. The NHSI Board is still considering the national strategy for patient safety and the future of the PSCs after March 2020. As reported last quarter the new NHSI operating model requires the PSCs to focus on four national workstreams: deteriorating patient, medicines safety, maternity/neonatal and adoption and spread of tested innovations. Katherine Edwards has reviewed the work of the PS&CI with the programme's oversight group and is aligning resources to focus on the four national programmes. Our existing Maternity Network programme will be aligned to the maternity and neonatal workstream and our existing Deteriorating Patient programme will focus on deterioration in community settings. The Excellence in Atrial Fibrillation work with Bayer was shortlisted for an HSJ Partnership Award. The collaboration with Roche Diagnostics to introduce a new test for pre-eclampsia into maternity units was the winner of the 'Best Healthcare Provider Partnership' category of the HSJ Partnership Awards.

The Office for Life Sciences (OLS) issued a national specification for Innovation Exchanges. The SIP programme has been restructured to deliver the four core functions of the Innovation Exchange. OLS signed off our Local Implementation Plan and we are making strong progress under Julie Hart's leadership.

Supported by a European Innovation and Technology grant, Tracey Marriott, Director of the CIA programme has made a great deal of progress in developing eMaps – a digital market access tool for SMEs for major EU markets and the US.

### Case studies and publications

The first of our case studies published above is "Improving the detection and management of atrial fibrillation (AF)" – an initiative Oxford AHSN's CIA programme started in 2015. This comprehensive programme aims to ensure the 58,000 people in our region affected by cardiac arrhythmia are appropriately anti-coagulated to reduce the risk of stroke. Supported by Bayer, Pfizer and Daichi Sankyo, we have worked with GP practices across the region to prevent many strokes.

The second case study, "Learning together through a regional patient-centred event to improve sepsis support and information", was co-developed by patients, relatives and clinicians to share experience of sepsis. The workshop received very positive feedback (see box) and very important lessons for adoption

*"The combination of patients' and clinicians' experience feels like such a powerful cocktail for change - and change in this case means saving lives"* Geoff O'Donoghue, sepsis survivor

*"Valuable reminder that holistic care is good care"* Dr Andrew Cooney, sepsis lead consultant, Milton Keynes University Hospital

were shared.



The third case study, “Understanding the impact of a new model of urgent care within a GP practice” demonstrated the efficient and effective use of a multidisciplinary team approach for treating patients requiring urgent appointments.

The 12 case studies published in our four quarterly reports during 2018/19 are:

1. Improving the detection and management of atrial fibrillation (AF)
2. Learning together through a regional patient-centred event to improve sepsis support and information
3. Understanding the impact of a new model of urgent care within a GP practice
4. AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs
5. Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services
6. Patient forum helps improve NHS services for people with anxiety and depression
7. Healthcare tech company’s expansion and Stock Exchange listing enabled by Oxford AHSN expertise
8. Unique point of care blood test speeds up clinical decision-making improves quality of care and reduces costs
9. AHSNs come together to create new sepsis identification tool
10. Spreading best practice in dementia through webinar programme
11. Establishing networks to improve patient care in early inflammatory arthritis
12. Supporting life science companies and entrepreneurs to access healthcare markets

A list of all the 68 Oxford AHSN case studies is included in this quarterly report (Appendix B).

Oxford AHSN has also published ten case studies on the [AHSN Network Atlas](#):

1. Suspicion of Sepsis Insights Dashboard
2. Unique point of care blood test speeds up clinical decision-making improves quality of care and reduces costs
3. Reducing urinary tract infections in care homes by improving hydration
4. Better care for people with psychosis thanks to joined up approach across southern England
5. Better monitoring and fewer hospital visits for women who develop diabetes during pregnancy
6. Improving patient outcomes following high-risk surgery through better use of technology
7. Improving return rates to psychiatric wards
8. Improving regional referral pathway saves lives of premature babies
9. Better outcomes for hundreds more people with anxiety and depression
10. Spreading best practice in dementia care

We continue to publish our monthly newsletter with the 60<sup>th</sup> edition appearing in December 2018. It has around 1,300 subscribers. (sign up here: <http://j.mp/OxfordAHSNnews>).

In Q3 we published a summary report of the Oxford AHSN’s first five years: <http://bit.ly/1st5yrs>

Our web content is regularly updated at [www.OxfordAHSN.org](http://www.OxfordAHSN.org), [www.patientsafetyoxford.org](http://www.patientsafetyoxford.org), [www.clinicalinnovation.org.uk](http://www.clinicalinnovation.org.uk) and [www.healthandwealthoxford.org](http://www.healthandwealthoxford.org). A new section was created to showcase the best examples of our impact: <http://bit.ly/AHSNimpact>. Collectively these websites received almost 100,000 visits in 2018/19.

The [@Oxford AHSN](#) Twitter account now has more than 4,600 followers. The account generated more than 400,000 impressions during 2018/19. We launched a new Twitter account linked to the Oxford AHSN’s mental health activities ([@MH\\_OxfordAHSN](#)), while Patient Safety Oxford ([@PS\\_Oxford](#)) reached 1,000 followers.



## Engagement

Throughout 2018/19 the Oxford AHSN strengthened its reputation for bringing partners together to support innovation and improvement in healthcare locally, nationally and internationally. We work with other AHSNs and the overarching AHSN Network on our collective national programmes and at every other opportunity.

We share our experience, expertise and connections to meet the needs of our partners across the NHS, industry and research every day. Each month about 100 people are brought together by the Oxford AHSN for wide-ranging discussions including shared learning events where the agendas are set by frontline clinicians. These include:

- Paediatric gastrostomy and long-term ventilation
- Emergency department collaborative
- Emergency laparotomy collaborative
- Sleepio primary care briefing
- Maternity shared learning
- Working Together effectively
- Learning from excellence conference
- Heart Rhythm Congress
  
- Leading Together learning disabilities graduation event

In addition to our own events, Oxford AHSN staff contributed to many other local, regional, national and international events. We are also embedded within our regional healthcare systems, fully engaged with our integrated care systems, sustainability and transformation partnerships and other collaborations created to deliver better patient outcomes and experience.

## Building the AHSN's capability and capacity

The Oxford AHSN delivers through its three programmes – Patient Safety and Clinical Improvement (PS&CI), Clinical Innovation Adoption (CIA) and Strategic and Industry Partnerships (SIP). CIA and SIP were established five years ago and have an excellent track record of working with innovators across the innovation pathway, ultimately speeding up the adoption of innovation in the NHS at pace and scale. Patient Safety and Clinical Improvement includes the Patient Safety Collaborative which was also formed five years ago and has a highly experienced team of clinical leaders with deep expertise on quality improvement and clinical governance. The programmes work right across the innovation pathway from evaluation of products in real world settings to adoption at scale and quality improvement, either as stand-alone activities or to support innovation adoption. We support all categories of innovation – medtech, diagnostics, digital, medicine and service improvement. These programmes are supported by two cross-cutting themes - Patient and Public Involvement Engagement & Experience (PPIEE) and Research & Development (R&D). In terms of research we have the benefit of Professor Gary Ford's extensive research track record and networks to bring local research leaders together as well as supporting the national Research INN. Each of the programmes and themes is chaired by a member of the AHSN Board (see Annex B Organisation and commissioners). We report quarterly to the Oxford AHSN Board, to our three commissioners: NHSE, NHSI and OLS, to STP directors and other stakeholders directly through email and indirectly through publishing our detailed quarterly reports on our website.

We have grown our diverse and experienced team to *circa* 47 clinicians and managers drawn from the NHS and industry. Ten members of the team are practising clinicians or have clinical backgrounds. Sixteen people have started with the AHSN in the last 12 months. We have appointed a Medical Director who will support the three programmes through strengthening our clinical engagement and in the assessment and deployment of innovation in to the NHS. We hold team away days for the whole team twice a year to reflect on our work and build closer ties throughout the organisation. Our monthly team meetings provide opportunities for sharing patient stories and personal development. Many members of staff are members of the Health Foundation Q community. All staff are encouraged to undertake further training.

## Highlights from Oxford AHSN's three programmes (full reports follow)

### 1. Patient Safety and Clinical Improvement

- This programme is delivering two of the seven NHS England national programmes, PReCePT and SIM (see report on national programmes below). It is also supporting CIA to deliver the Emergency Laparotomy programme.
- NHSI confirmed that the 15 Patient Safety Collaboratives will be funded to March 2020. As part of this we will be aligning our work with a new Operating Model from NHS Improvement and the new [National Patient Safety Strategy](#) and concentrate on four main national workstreams.
- We have reviewed our current portfolio and, with approval from the oversight group, we are closing the Acute Kidney Injury workstream and Specialised Paediatric cCare in the Community programme.
- Significant improvement in outcomes resulting from the work this year included:
  - a large reduction in admissions from care homes due to UTIs as a result of the Good Hydration! project (which won the HSJ Patient Safety Quality Improvement Initiative of the Year, 2018)
  - a significant reduction in third trimester stillbirth with our OxGRIP project
  - a reduction in length of stay for patients admitted with a suspicion of sepsis.
- PS&CI supported the SIP programme with the introduction of the Elecsys sFlt: PIGF testing for pre-eclampsia – the work won ‘Best Healthcare Provider Partnership’ at the HSJ Partnership Awards
- PS&CI completed visits with senior teams from each trust across the region, with Katherine Edwards, the Director of Patient Safety, and Steve McManus, Chair of the Patient Safety Oversight Group and CEO of the Royal Berkshire, discussing current and future work and exploring opportunities to work together further.
- PS&CI held a successful and varied portfolio of events attended by over 500 people, including Learning from Excellence, Sepsis, Maternity, Long Term Ventilation, Paediatric Gastrostomy, Emergency Department Shared Learning, Emergency Laparotomy Collaborative (with CIA programme)
- PS&CI published a co-designed patient information leaflet for use across the region as a result of “Sepsis – a regional patient-centred learning event” held earlier in the year (see case study)
- Safety culture - from 15 local applications, six £500 awards were made to support team work to:
  1. Oxford Health (Stroke Rehab Service)- Training Carousel
  2. Oxford University Hospitals (Maternity) – Making Every Day Better Group
  3. East Berkshire CCG – Medication problems in care homes
  4. Milton Keynes University Hospital – Sepsis whiteboards
  5. Royal Berkshire Hospital – Hug in a Bag
  6. Oxford University Hospitals (Tissue Viability) – Pressure ulcer categorisation cards.
- Within the Clinical Improvement portfolio, we have confirmed support to the Anxiety and Depression Network for a further two years – this includes rollout of an evidence-based app to help prevent relapse after therapy.
- A rigorous evaluation of clinical and health economics outcomes demonstrated the value of a new treatment made available to patients suffering with long-term physical health conditions and co-morbid depression/ anxiety. This work was facilitated by the Oxford AHSN [Anxiety and Depression Network](#) working with Talking Therapies in Berks, Talking Space Plus in Oxfordshire and Healthy Minds in Buckinghamshire.
- Dementia - the Oxford AHSN continues to support the care homes in-reach team best practice network – (with support from Health Education England).

## **2. Clinical Innovation Adoption programme**

- During 2018/19 deployment continued with our rolling programme of 14 to 20 innovation projects which includes national AHSN programmes, ITT/ITP/RUP and AAC products; local projects and an international project. We end the year having completed four projects which includes two local Atrial Fibrillation (AF) Optimisation, two national (AF) Detection projects and one national/collaborative medtech project, WireSafe.
- This programme is delivering five of the seven NHS England national programmes: Atrial Fibrillation, ESCAPE-Pain, Emergency Laparotomy, PINCER and Transfer of Care Around Medicines (see report on national programmes below). The Excellence in Atrial Fibrillation work in partnership with Bayer was shortlisted for an HSJ Partnership Award.
- Heart Failure (local): Oxford AHSN launched the Heart Failure Project in October. We are working with Novartis to create an implementation package that will include advice, videos and workshop materials.
- The team has expanded to meet the demand for national and local adoption projects.
- Except for Episcissors, there is interest in or adoption of all the ITT/ITP products in the region. UroLift has been adopted in three of five eligible Trusts. Mobile ECG devices have been adopted in four of five CCGs.
- Practical Innovators' Course – 154 healthcare professionals have been trained to date. We are delighted that with the continued support of Health Education England the programme can be sustained until 2021.
- eMaps - online platform to support the life science Industry and innovators to understand the NHS and other health markets. Information has been developed for UK, France, Spain, Netherlands, Sweden and Denmark on key areas of market access including clarifying and testing the value proposition, regulations and compliance, pricing and reimbursement, market structure, stakeholders and overall pathways for market access. This is an EIT Health KIC funded activity that is of benefit to the UK life science market and others across the world.

## **3. Strategic and Industry Partnerships**

Our Strategic and Industry Partnerships (SIP) programme was restructured around government policy and extra funding in 2018/19 to support the evaluation and diffusion of innovative medicines, medical technologies and digital products. Innovation Exchanges are the new model of operation for the AHSN Network with overriding requirements for all 15 to be working in closer collaboration and form stronger links with local and national partners, creating a national and local support offer for promising innovation.

Julie Hart took on the role of Director of Strategic and Industry Partnerships following the departure of Nick Scott-Ram in September 2018. Nick Edwards stepped down as chair of the oversight group and we welcomed Simon Greenstreet, Head of Communications & Public Affairs UK/Ireland at Bayer as our new chair. The SIP programme has been leading nationally on the evaluation of diagnostic technologies and the development of a digital health roadmap for innovators. As part of this expanded AHSN role, with increased capability and capacity, the SIP team, which has doubled this year to 12 WTEs, has aligned its work with the Accelerated Access Collaborative and the requirements of the Office for Life Sciences (OLS) to establish a network of Innovation Exchanges. The SIP programme delivers the four core functions that form the basis of the new Office for Life Sciences model of working through an Innovation Exchange model:

1. Identifying and communicating NHS and system needs
2. Signposting and directing innovators to further support
3. Brokering real-world evaluation opportunities
4. Supporting local adoption and spread.

The Strategic and Industry Partnerships team is now actively working to deliver the Local Implementation Plan following approval by OLS. During the quarter, the Strategic and Industry Partnerships team met 56 companies and established three new partnerships. Overall the team is actively pursuing over 68 projects and has completed over 146 specific projects.

- Supported with a [European Regional Development Fund](#) grant, Bucks HSC Ventures, a partnership between Buckinghamshire Healthcare, Buckinghamshire CCG, Buckinghamshire County Council, Bucks New University and the Oxford AHSN was launched this year. Six SMEs are being supported in the first cohort. The Strategic and Industry Partnerships team has run Lean Strategyzer workshops for all the SMEs.
- A delivery partner, BioCity, has been selected to run a pilot business accelerator programme.
- Programme Manager Marianna Lepetyukh has led the delivery of an industry-funded programme for Inflammatory Bowel Disease (IBD) focused on implementing real-time data collection, patient-reported outcomes and IBD ICHOM standards to improve patient care. 534 patients were recruited to the TrueColours platform. The programme has been shortlisted for a BMJ digital innovation award.
- Oxford AHSN is now conducting an audit style service evaluation to assess the operational, logistical and financial needs and benefits to using the Sarissa Biomedical SMARTChip technology to rule out stroke mimics from entering the stroke pathway.
- An Innovate UK SBRI grant was awarded to Mologic for the development and evaluation of two tests centred around COPD.
- The Oxford AHSN also provided support to SME Ufonia as part of an Innovate UK Digital Health Catalyst feasibility grant (£75K) and subsequently a wave three Digital Health Technology Catalyst (DHTC) grant (£666,796).
- Faster and more accurate diagnosis of pre-eclampsia (NICEDG23) has been implemented in three trusts in the region and has been selected as a NICE Implementation Collaborative project giving this work a national profile. In March, this project in collaboration with Roche won the Best Healthcare Provider Partnership at the HSJ Partnership Awards.
- The SIP and CIA programmes supported Sensyne Health to expand its commercial activity and partner with the NHS. We managed the adoption by the NHS of technology from the University of Oxford and then supported the joint venture created with Oxford University Hospitals. Sensyne Health has raised £60m on the London Stock Exchange and has located on the Oxford Science Park creating 40 jobs.

### **NHS England national programmes**

Under the new licence there has been stronger collaborative working between the 15 AHSNs. Central resources with a budget of £1.9m support the Innovation National Networks, the national programmes, the PSCs, communications and a secretariat to support the AHSN Network Chief Officers. The Oxford AHSN COO is a member of the new AHSN Network Operations Group which has been formed to oversee AHSN delivery against the requirements of the three commissioners. Work to develop a more robust selection process for national programmes is underway.

The Oxford AHSN is leading in several key areas – Atrial Fibrillation national programme, the Research and Development Innovation National Network, Maternal and Neonatal health safety and rollout of the pre-eclampsia diagnostic. The SIP programme has been leading nationally on the evaluation of diagnostic technologies and the development of a digital health roadmap for innovators.

We started five of the seven programmes from scratch in 2018/19 and experienced significant delays as materials to support implementation were not available until part way through the year. We have reviewed the trajectory of the seven programmes against the original targets set 15 months ago.

The AF programme will overperform and both PINCER and Emergency Laparotomy will deliver against the original target. By the end of Q1 2019/20 we will have trained 192 GP practices who will be licensed to use the PINCER system.

Although TCAM is projected to achieve target, delivery is at risk because it is dependent on two of three acute trusts making significant changes to their IT systems in Q1. We are working closely with the trusts to mitigate the risk.

PRCePT- our region has the best compliance for uptake of MgSO<sub>4</sub> in the country – a programme we started a few years ago. We are sustaining rates of compliance of > 85%. The stretch target of 95%, the origin of which is unclear, is unrealistic and is sensitive to very few births that could easily occur out of hospital.

SIM - AHSNs that have started SIM for the first time have experienced significant challenges. Implementation is dependent on the agreement of the local mental health providers and the local police force. We are optimistic that at least one of our three mental health providers will reach agreement with Thames Valley Police to implement SIM in the coming year even though it was rejected by the previous Chief Constable of TVP. However, the long lead time in gaining agreement and implementing SIM means that it is unlikely that any patients will benefit in 2019/20 from the methodology.

ESCAPE-Pain is also challenging with similar exercise classes already in the system. There is interest in the leisure sector to adopt ESCAPE-Pain. We do not believe the original target for patient numbers will be achieved. There is a very long lead time to recruit providers, for them to recruit and train staff and then to recruit patients to participate in the classes. AHSNs that had already started ESCAPE-Pain before it was designated as a national programme for 2018/19 will achieve the target.

**AHSN Network National programmes – forecast 2019/20**

Programme	Contracted Metric	Reason for Higher or Lower Estimate	Business Plan (2019/20)	2019/20 revised AHSN Network target	2019/20 excess or shortfall
AF	Number of previously unknown AF patients diagnosed with AF	Target increased as per GF negotiations at AHSN AF network level. Should be achievable based on 2017/18 QoF output	5,983	3,000	2,983
SIM	Number of high-intensity users covered by SIM	Interest in 2 out of 3 mental health providers. Business case developed for one provider. Even if this is accepted by Thames Valley Police, (the previous Chief Constable rejected SIM last year), the lead time to set up the service is 9-12 months. Unlikely to see any patient throughput in 2019/20	4	4	0
TCAM	Number of completed referrals using TCAM	Completely dependent on the 2 lead trusts being able to support IT transformation. If this is unachievable Q3 and Q4 targets under threat. Conservative assumptions on referral levels if we can achieve implementation with two Trusts	453	453	0
ESCAPE-Pain	Number of people completing the ESCAPE-PAIN programme	Lower estimate as possible new sites are working through the approval process and therefore may not come to fruition. The new figures are based on the assumptions that: 1. leisure sites can recruit appropriate participants 2. Ravenscroft Physiotherapy receive approval from commissioners to commence ESCAPE-pain and do so from Q3	80	570	-490
Emergency Laparotomy	Number of emergency laparotomies in hospitals implementing the pathway	Target unchanged. Assumption based on real-world figures whilst three Trusts have a long way to tackle case ascertainment, the other three have little room for improvement and two of those showing signs this year of falling away from 2017-18 achievements. Additionally, as ELs are falling nationally, this makes attainment of the target further challenging. Activity figures located at <a href="https://data.nela.org.uk/Reports/Hospital-reports.aspx">https://data.nela.org.uk/Reports/Hospital-reports.aspx</a> .	983	803	180
PINCER	Number of GP practices adopting PINCER	On target	192	192	0
PRCePT	Number of additional mothers where MgSO4 given	Sustaining uptake of >85%. Stretch target of 95% unachievable given small numbers	11	23	-20

## Key Performance Indicators (KPIs)

Programme	High level KPIs (measured annually unless otherwise stated)	As at Q4
Patient Safety and Clinical Improvement	Adoption of 2-3 proven improvements from outside the AHSN area	2 adopted
	Implementation of 2-3 clinical improvement/innovation projects in mental health	Three mental health projects in progress
Clinical Innovation Adoption	Number of innovations adopted per annum	6 innovations
	Number of NHS organisations adopting	8 Trusts, 170 Practices, 5 CCGs, STP and 3 ICS
Strategic and Industry Partnerships	Number of real-world evaluations completed	2
	Amount of investment leveraged into the region through SIP activities	£125million
Stakeholder engagement	Twitter followers main Oxford AHSN account only (reported each quarter)	4,670 (Q3 4,420)
	Newsletter subscribers (reported each quarter)	1,296 (Q3 1,312)
	Year on year change in participants/attendees at AHSN-organised events	356 in Q4 2018/19 1,161 in total in 2018/19 (1,300 in 2017/18)

All key milestones have been delivered and we are making good progress against the KPIs

### Key Milestones – progress

Programme/Theme	Key milestones 2018/19	Q4 Progress
<b>Corporate</b>	Hosting agreement with OUH Commercial vehicle development	MOU signed CLG and subsidiary set up
<b>Patient Safety and Clinical Improvement</b>	Re-licence of Patient Safety Collaborative past March 2019	The Patient Safety Collaborative has funding to March 2020, with a new Operating Model
<b>Clinical Innovation Adoption</b>	Launch the eMaps website for market access aimed at SMEs Delivery of five national innovation adoption programmes	Soft launch achieved with usage being allowed at our discretion. We are in the final stages of the business and commercial modelling. Full launch should happen during Q4.  Delivery underway for all 5 (and 2 in Patient Safety and Clinical Improvement)
<b>Strategic and Industry Partnerships</b>	Roll-out of faecal calprotectin (FCal) point of care diagnostic test Roll-out of pre-eclampsia diagnostic test (NICEDG23)	National programme for revised pathway for FCal testing in primary care (DG11) has started roll out in Aylesbury GPs with further practices in Buckinghamshire to follow.  Faster and more accurate diagnosis implemented in 3 Trusts and selected as NICE Implementation Collaborative project giving it national profile
<b>Stakeholder Engagement and Communications</b>	Independent stakeholder survey	NHSE to undertake national stakeholder survey in 2019/20

## Finance

As at Quarter 4, Oxford AHSN revenue was £5.3 million. Our three commissioning bodies NHSE/NHSI/OLS account for £4.1m. Partner contributions are lower than anticipated at £0.3m. Other income amounted to £0.9m.

### FINANCE PLAN - Quarter 4 2018-2019

	Model Period Beginning	01-Apr-18	01-Apr-18
	Model Period Ending	31-Mar-19	31-Mar-19
	Financial Year Ending	2019	2019
Year of Licence Agreement		6	6
<b>INCOME (REVENUE)</b>		Opening Plan	Forecast
NHS England funding		2,783,500	2,816,295
Partner contributions		443,000	309,630
Health Education England		0	0
Office of Life Sciences Funding		831,000	829,228
NHS Improvement funding - PSC income		447,925	447,058
Other Income - Corporate Support		20,900	19,736
Other Income - Patient Safety Collaborative		10,000	16,442
Other Income - Clinical Innovation Adoption		523,370	405,028
Other income - Strategic & Industry Partnerships		736,391	288,575
Other income - Informatics		0	18,236
Other Income - PPIEE		96,583	183,223
<b>Total income</b>		<b>5,892,669</b>	<b>5,333,450</b>
<b>AHSN FUNDING OF ACTIVITIES</b>			
Patient Safety & Clinical Improvement		1,108,845	740,166
Clinical Innovation Adoption		1,547,019	1,178,973
Strategic & Industry Partnerships		1,369,856	1,174,355
Informatics		434,919	432,762
PPIEE		214,930	211,792
Communications, events and sponsorship		165,340	135,327
Contribution to/From AHSN Network		95,000	82,428
Transfer to Accelerare Ltd		0	3,000,000
<b>Programmes and themes</b>		<b>4,935,909</b>	<b>6,955,803</b>
<b>CORPORATE</b>			
Pay costs		640,889	634,411
Non-pay costs		315,871	392,277
<b>Total Corporate Costs</b>		<b>956,760</b>	<b>1,026,688</b>
<b>Total expenditure</b>		<b>5,892,669</b>	<b>7,982,491</b>
<b>Net Income/Expenditure</b>		<b>-0</b>	<b>2,649,041</b>
Programme funding previously committed		0	-2,649,041
<b>Surplus/(deficit)</b>		<b>0</b>	<b>0</b>

## Risks and issues

Risks and issues are kept under review and mitigated. There are no new risks to report this quarter.

**Dr Paul Durrands ACA CMILT, Chief Operating Officer, Oxford AHSN**



## Patient Safety and Clinical Improvement

### Summary

Over the past year we have begun moving towards meeting the aims of the National Patient Safety Collaborative, ensuring that we are contributing effectively to the development and progression to four national workstreams and working together with our PSC colleagues around the country to maximise the impact of our collective work to reduce harm. As a result, some existing work is coming to an end this quarter, most specifically our work on specialised paediatric care in the community. We will endeavor to make sure this, and other aspects of our work have a legacy, for both the areas in which we worked locally and as resources for adoption and spread.

In the coming year we will focus on early recognition of deterioration into community settings, building on our existing work in acute settings, begin a programme on medicines safety (currently awaiting national lead on direction), and support the adoption and spread of a COPD Discharge Bundle and Emergency Department Checklist as well as continuing our work with two existing AHSN priority projects – PReCePT and the Emergency Laparotomy Collaborative. We will be continuing our work in Maternity as part of the Maternal and Neonatal Health Safety Collaborative, bringing our previous work and engagement in this area to strengthen local work and system level improvement.

We have been pleased to see significant improvement in outcomes resulting from our work this year. For example, we saw a large reduction in admissions from Care Homes due to UTIs as a result of the Good Hydration project (which won the HSJ Patient Safety Quality Improvement Initiative of the Year, 2018), a significant reduction in 3rd trimester stillbirth with our OxGRIP project and a reduction in length of stay for patients admitted with a suspicion of sepsis. Other recent highlights include supporting the introduction of the Elecsys sFlt:PIGF testing for pre-eclampsia, supporting numerous small scale safety culture projects, and supporting a pathway for the safe use of Long Term Ventilation for children in the community.

We were pleased to complete visits with Senior Teams from each Trust across the region, with Katherine Edwards, the Director of Patient Safety and Steve McManus, Chair of the Patient Safety Oversight Group and CEO Of the Royal Berkshire NHS Foundation Trust, discussing current and future work, and exploring opportunities to work together further.

We have held a successful and varied portfolio of events attended by over 500 people, including Learning from Excellence, Sepsis, Maternity, Long –Term Ventilation, Paediatric Gastrostomy, and Emergency Department Shared Learning.

### Deteriorating Patient

#### **A legacy of improvement from the Acute Kidney Injury (AKI) Programme**

**Clinical Lead: Emma Vaux; Patient Safety Manager: Katie Lean**

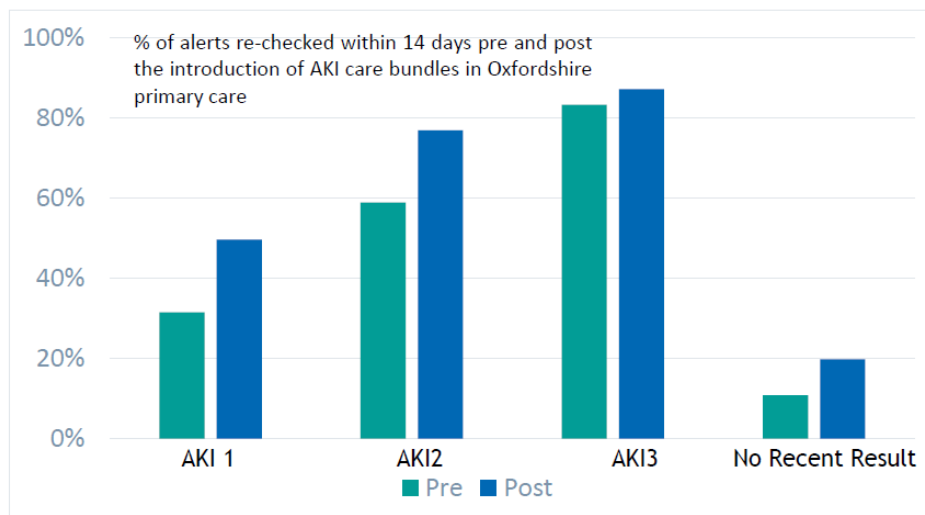
The PSC has collaborated with regional secondary and primary care providers over the last three and a half years to reduce the burden of AKI. Due to changing national priorities this workstream closed in March 2018 with a legacy of improvements made throughout the region. As part of the national programme it was mandated that all secondary care providers should upload an algorithm to run against a blood test which would recognise an AKI alert (a trigger from their blood test, either stage 1, 2 or 3 depending on severity). All hospitals now have this in place and the majority have a care bundle to guide staff to the correct treatment following an alert. Oxford University Hospitals focused on the design, testing and implementation of an electronic pharmacy review tool for all patients who triggered an AKI alert stage 2 or 3 in hospital. This tool is monitored daily by the ward pharmacists and now 82% of these are reviewed within 48 hours. This timely review ensures that patients have the benefit of their medications being stopped/decreased to assist in the recovery of their kidneys and reduce the risk of chronic kidney disease. Great Western Hospitals designed and shared a leaflet on AKI and the importance of kidney care as a small audit noted that only 22% of their patients knew they had AKI. A process is now in place to ensure that all patients with an AKI alert stage 2 or 3 receive a leaflet.



Royal Berkshire achieved an improvement from a baseline of 22% to 92% in discharge planning ensuring four aspects regarding the AKI care were captured on the electronic discharge letter.

The programme successfully secured data agreements from five hospitals and worked with local laboratory leads to analyse the burden of AKI, including outcomes such as mortality and length of stay for the region. On average, cumulatively these hospitals receive 1034 AKI alerts per month of which 65% were acquired in the community [the alert triggered with 48 hours of admission]. There was an average length of stay of nine days and 10% of the patients progressed to a higher level of AKI alert throughout their stay. Although it was not possible to identify any overall reduction in these outcomes regionally due to multiple process measures, individual trusts have demonstrated improvement.

As the alerts were released into primary care settings, AKI care bundles were designed and tested with multiple training sessions for GPs and out of hours services ensuring that the appropriate follow up continued in the community. A year after the training and implementation of the bundles in Oxfordshire primary care, a review of repeat blood tests recommended was analysed. The data noted that there was a considerable rise in repeat blood tests undertaken in the community 14 days after the first alert which in turn notes that kidney function is followed up appropriately ensuring its return to normal function.



The ‘Good Hydration!’ initiative undertaken with East Berkshire CCG has won 3 national awards (PrescQIPP – patient safety, best interface and best innovation, 2017; NICE shared learning 2018; HSJ patient safety quality initiative of the year 2018) for the work of reducing urinary tract infections (UTI) in care home residents through increased hydration and staff training. The aim of this project was to reduce UTI admission to hospital by 5% from the previous year. The baseline, intervention and sustainability phases over 18 months demonstrated a 36%

reduction in UTIs requiring hospital admission, a 58% reduction in UTIs requiring antibiotics and the average number of days between UTIs was nine days and increased to 80 days across all pilot care homes. This initiative has now been rolled out throughout the Oxford AHSN region and beyond, training videos funded by Health Education England and released on [YouTube](#), a “Good Hydration!” toolkit designed, and a paper has been accepted for publication by the BMJ open quality.



### **Publications and shared learning**

Improving the completeness of AKI follow up: <http://bmjopenquality.bmj.com/content/6/2/e000022>

Acute Kidney Injury: <http://www.patientsafetyoxford.org/wp-content/uploads/2017/01/InnovAiT-2016-Gillies-AKI.pdf>

NICE shared learning: <https://www.nice.org.uk/news/blog/seven-glasses-a-day-keep-utis-at-bay>

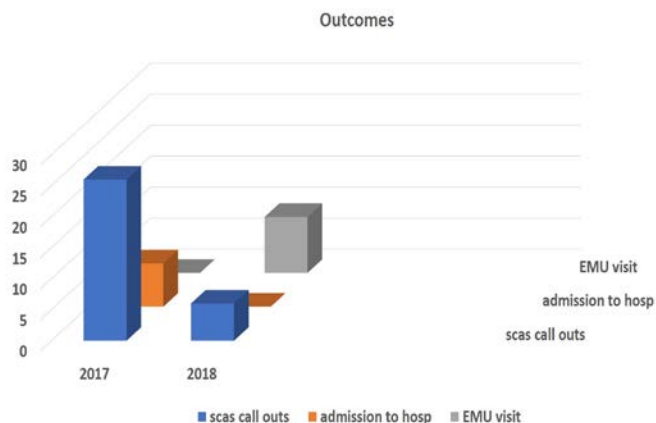
AHSN Atlas shared learning: <http://atlas.ahsnnetwork.com/reducing-urinary-tract-infections-in-care-homes-by-improving-hydration/>

None of these improvements in our region would have been possible without the dedication of the healthcare staff working locally. Our thanks go especially to the AKI steering group, led by Dr Emma Vaux, for their knowledge, skills and commitment to drive improvement in this area.

### **Sepsis and NEWS2**

This quarter our regional sepsis stakeholders meeting again focused on NEWS2, this time on roll out into settings beyond the acute trusts. Oxford Health, in collaboration with South Central Ambulance Service shared a project that improved the recognition and management of deteriorating patients in a care home through the introduction of NEWS2.

Comparing the same 3-month period before and after showed a reduction in 999 call outs from 26 to 6 and conveyances to hospital from 7 to 0, by making better use of the nearby Emergency Multidisciplinary Unit, through improved staff knowledge and communication skills.

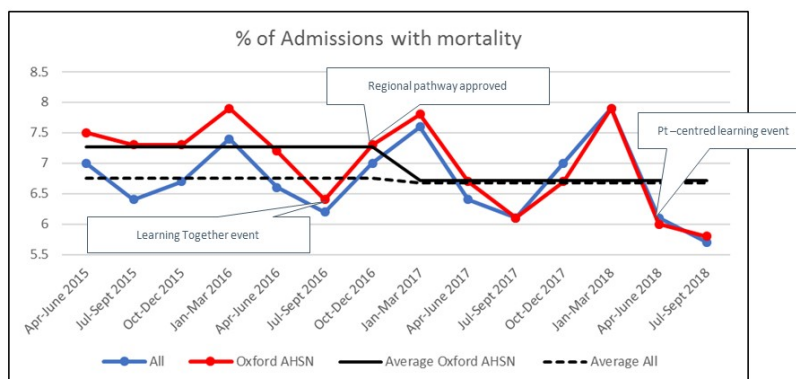


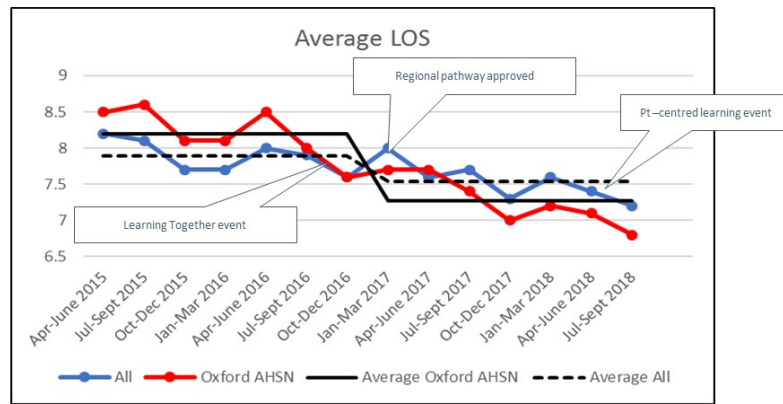
We shall be supporting the spread and adoption of this project throughout the region in the coming year.

The second project was from our neighboring Wessex AHSN, West Hampshire CCG RESTORE2 that includes “soft signs” as well as NEWS2. The group is considering ways to incorporate this into their care settings.

There was strong representation from our region at the national Managing Deterioration event run by NHS Improvement on 20 March 2019.

The Suspicion of Sepsis dashboard, based on our published [methodology](#) was also presented by Imperial College Health Partners Patient Safety Collaborative. This has also been shared with the Shelford Group in March 2019. We continue to engage with colleagues to further develop the dashboard and share the outcome measures with our partners to demonstrate progress on our improvement work.





Following the success of “Sepsis – a regional patient centered learning event” see case study two above, we are planning to run another event in November 2019. This will be co-designed with sepsis survivors and relatives from our three regional sepsis support groups.

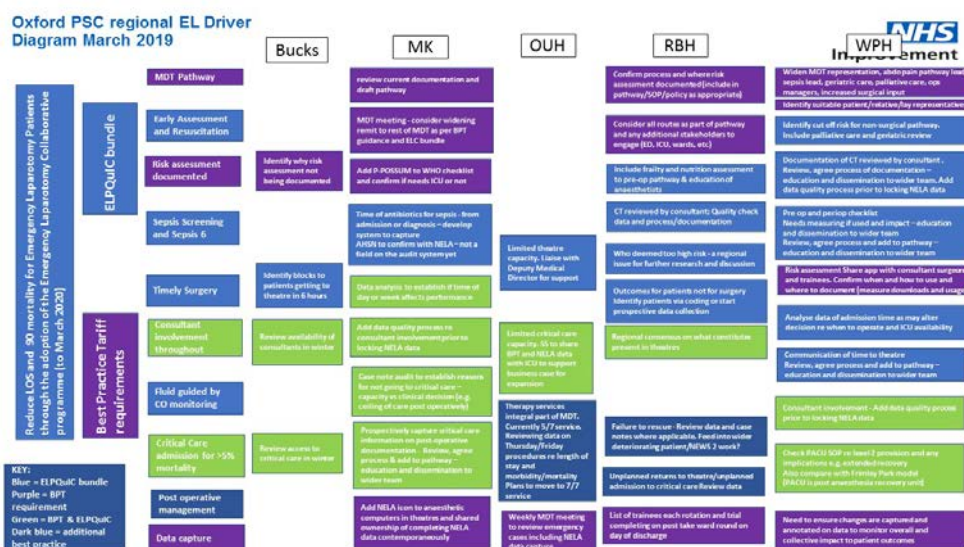
### Mortality Reviews

The group met for the fourth time this quarter, with the main topic of medical examiner roll out. With Buckinghamshire Healthcare as an early adopter of this process, the opportunity for the other partner organisations to learn and are evident in this group. The potential to also improve cross pathway collaboration with representation from community, mental health and clinical commissioning groups, continues to develop.

### Adoption and Spread

#### Emergency Laparotomy

All five acute organisations are now well engaged, and this quarter we completed four site visits and our second regional event, offering local and regional data analysis, quality improvement measures tools for PDSA cycles and measurement advice, as well as driver diagrams.



A national event was held for PSCs/AHSNs to share project progress and challenges.

See the CIA report in this document for further project details.

## **COPD Discharge Bundle**

Scoping has been completed with four out of the five acute organisations and offers of support are now being developed for the coming year.

## **Emergency Department Checklist**

Definition of an ED checklist: an ED checklist includes two key elements:

1. Physiological parameters which could be used to potentially formulate a NEWS 11 score.
2. Pain score

The aim is to increase the number (from baseline) of (type 1 adult) Emergency Departments using an ED safety checklist by 31 March 2020. Scoping via the Emergency Department Collaborative has identified that four out of the five acute organisations are using a checklist and the remaining trust has begun work on this.

The ED collaborative met for the fourth time on 8 March 2019 and continues to thrive with engagement from all five regional trusts. The theme of the event was 'Working across services, sectors and specialties' and a variety of specialties including colleagues in the ambulance sector and primary care came together to share learning and best practice.

The event was opened by Oxford University Hospitals Chief Nurse Sam Foster.



## **Maternity**

### **Maternal and Neonatal Health Safety Collaborative**

The Maternal and Neonatal Health Safety Collaborative is a three-year national programme to support improvement in the quality and safety of maternity and neonatal units across England led by NHS Improvement. The Patient Safety Collaborative is supporting trusts within the region throughout this programme. This financial year has focused on supporting Royal Berkshire and Frimley Health to develop improvement capability and capacity. Each trust has worked to diagnose key areas for improvement and teams have worked within the national aim to reduce stillbirths by 20% by 2020. The Trusts set outcome and process measures within the five national drivers and have worked tirelessly towards the following outcomes.



Trust	Improvement area	Baseline %	Current %
<b>Frimley Health (Wexham Park)</b>	To ensure all women who trigger a red and amber score in triage are seen within 20 minutes of arrival	57%	82%
<b>Frimley Health (Wexham Park)</b>	To ensure that preterm babies 32-35 weeks gestation arrive to the neonatal unit with a normal temperature	67%	87%
<b>Frimley Health (Frimley site)</b>	To ensure all women who trigger a red and amber score in triage are seen within 20 minutes of arrival [NB difficulty in improvement due to physical space in triage]	89%	84%
<b>Royal Berkshire</b>	To ensure that all babies > 37 weeks gestation arrive on the ward with a normal temperature (overall aim reducing admissions to the neonatal unit with hypoglycaemia)	70%	91%
<b>Royal Berkshire</b>	To ensure that women have a documented electronic risk assessment at the beginning of labour (Overall aim to improve the early recognition of fetal hypoxia)	40%	90%

These outcomes all contribute to the national aim and have been presented by the trusts locally, regionally and nationally.



Above Left: **Jo Pawlak Royal Berkshire**

Above Right: **Dr Angela Yannoulis, Wexham Park**

Both trusts have under taken the SCORE safety survey which highlights to the maternity and neonatal departments how staff perceive teamwork, safety, leadership and resilience within the working environment.

The Thames Valley Local Learning System (LLS) meets every quarter and evolves each meeting to meet the needs of the members and the collaborative. The focus has been working with each trust to diagnose areas of improvement and implement changes locally keeping within the primary drivers of the national collaborative. Our emphasis has been on improvement methodology and ensuring that tests of change are implemented in a systematic way. The group is growing to support each other through sharing what has worked locally and what has not, fostering a culture of openness and learning.

One trust shared their journey as “We now view the Plan Do Study Act ramp differently – Imperfect circles on a bumpy incline to improvement”. Through their learning they have captured what works, what does not and learnt

that no improvement journey is a straight road, but they keep moving through reviewing and measuring outcomes.

The beauty of the Local Learning System is that all members are on the same journey, at different stages, and can support each other through their experiences. The Patient Safety Collaborative hosts the Learning System and creates a safe space for sharing and learning.

### **The Maternity Regional Improvement group (Steering Group) - previously the Maternity Network**

This group works collaboratively within the maternity network to reduce variation in clinical practice by adopting a regional approach to the development of specific guidelines to improve safety and quality of care for healthcare professionals and patients. The group reports into the safety workstream of the Buckinghamshire, Oxfordshire and Berkshire (BOB) local maternity system (BOB LMS). Reduction in variation in clinical practice across the region improves safety for rotating doctors, midwives and patients who access more than one hospital in their maternity journey.

Working with the Patient Safety Academy a research project is currently underway which seeks to address the degree of compliance with the maternity network guidelines throughout the region using voluntary interviews and conversations with staff to extrapolate the level of implementation of the recommendations. To successfully change practice, the goal of this research project is to evaluate and assess the degree of adoption and dissemination of these practice changing guidelines.

The group will align this guideline development work with the local learning systems to capitalise on staffs growing knowledge of quality improvement methodology with an aim of supporting the adoption and spread of guidelines into practice with a reduction in variation in clinical practice and improved outcomes for mothers and babies.

The annual **Maternity and Neonatal Shared Learning** in collaboration with the Strategic Clinical Network (SCN) event provides a platform for sharing the maternity and neonatal safety and improvement work which is taking place across the region. On 27 February 2019, 100 clinicians attended the event opened by Professor Jacqueline Dunkley-Bent, Head of Maternity, Children and Young People, NHS England and National Maternity Safety Champion for the Department of Health.

### **Perinatal Regional Governance Group**

The purpose of this group is to ensure that maternity and neonatal services in the Thames Valley and Frimley regions are investigating and learning from incidents and that the learning is shared within the local maternity system (LMS) as identified in The Five Year Forward View for Maternity Services and In Each Baby Counts (RCOG, 2017).

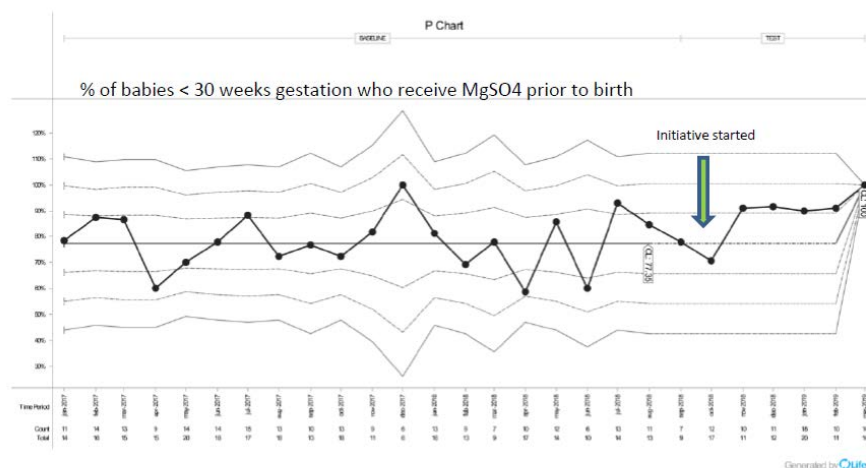
Alongside collaboration with local and national organisations, for example, Perinatal Mortality Review Tool authors, the Health Safety Investigation Branch and the Patient Safety Academy, the group and other colleagues from trusts in the region have completed bespoke training in investigation incident analysis during January and March this year. The expectation is that knowledge and adoption of safety science to inform their thinking and feed into the development of meaningful action plans will enhance the quality of investigations and reduce the number of identical or similar incidents.



## PReCePT

This is a multi-organisational quality improvement approach for the adoption and spread of Magnesium Sulphate (MgSO<sub>4</sub>) for neuroprotection of preterm babies less than 30 weeks' gestation. MgSO<sub>4</sub> is a relatively inexpensive, easy to administer effective treatment that can reduce the risk of death and cerebral palsy in babies born very preterm. The aim is to achieve an uptake of MgSO<sub>4</sub> of 85% progressing to the stretch target of 95% by March 2020 in eligible mothers.

PReCePT commenced in the Oxford AHSN region and Frimley Health on 1 October 2018. Appointed midwives within each Trust have been working on delivering awareness training to all members of staff ensuring the benefits of MgSO<sub>4</sub> for the extreme preterm is shared, along with how and when to administer it to mothers in preterm labour. A mother and father of twins born before 30 weeks kindly agreed to be filmed to share their journey, raise awareness and promote the importance of timely administration of MgSO<sub>4</sub> in the prevention of cerebral palsy for preterm infants. It can be found [here](#). The short film has been shared locally, regionally and nationally and has received very positive feedback. Every two months the PReCePT midwives gather together to share how they are achieving their awareness training, improving communication between the neonatal and maternity health professionals, learning from each baby who receives MgSO<sub>4</sub> or not and are striving together to reach 100% across the region. Obstetricians who have provided support to this programme of work are invited to dial in during these get togethers to offer their perspective and inform the work. Our baseline of eligible women receiving MgSO<sub>4</sub> was 77% which has now reached 90% since starting the initiative.



## Specialised Paediatric Care in the Community

Following the change in NHSI funding priorities, Q4 marked the final phase of this programme which looks to support and improve patient safety outcomes for children with complex needs which are technologically dependent, and who are cared for in the community. Programme aims include enabling these children to lead as normal a family life as possible, and to reduce unscheduled admissions to hospital. It also aims to foster improved collaboration between all stakeholders from the point of initial referral to surgical management of patients, through subsequent discharge, follow up and long-term care in the community including transitional care to adulthood.

Much has been achieved in just over two years since the inception of the programme and when the Steering Groups for both the programme's projects, paediatric gastrostomy [PG] and long-term ventilation [LTV], met in January 2019 a keen desire was expressed on all sides to consolidate the programme's work in the time remaining, and ensure as much legacy as possible.

To this end, following the success of the PG Shared Learning Event held in October 2018, a further two events were planned and run, one for each project. These took place on 22 March [PG] and 25 March 2019 [LTV] and were attended by over 80 specialist professionals and parents who came together to network and to share their knowledge and experience.

The PG event took place at the AHSN offices. After an opening address by the project's clinical lead, Mr Alex Lee, all delegates rotated through a series of practical workshops on aspects of PG care run by professionals and parents on the project Steering Group.

Additionally, the event launched a set of [discharge training and competency guides](#), co-produced by parents and professionals on the PG Steering Group for parents of PG children. These downloadable documents will remain available on the PSC website pro-tem. Investigations are ongoing to identify a suitable organisation to host the programme's resource library in the future, to ensure the legacy of this work.

The LTV event took place at Unipart and consisted of a mix of practical workshops and plenary sessions. The workshops comprised of a mix of hands-on sessions with equipment, some run by industry partners, and scenario planning facilitated by senior clinicians which dealt with both practical and ethical issues around caring for a child with LTV needs.

Following the very positive evaluation of a similar session at the October PG event, the day included a facilitated conversation between a researcher in the field from Oxford University, and a mother whose four-year old daughter has been ventilated from birth. She articulated powerfully about the many practical, emotional and financial challenges she has had to deal with since the birth, including re-locating entirely to be sufficiently close to the specialist care her child's life depends upon.

The National Reporting and Learning Service [NRLS] is the repository of all incidents reported by Trusts, usually via Datix, and maintained by NHSI. Following the establishment of data sharing agreements, we have interrogated the NRLS database for incidents related to both PG and LTV with the results of these searches being analysed by our research fellow in conjunction with a PhD student from Oxford University and advised by Professor Charles Vincent. The findings were very striking in demonstrating the patient safety challenges in these areas and a paper on the PG data has been accepted for publication in the Archives of Disease in Childhood. The data provided by the LTV search is currently being analysed, and it is anticipated a further paper will be submitted shortly. It is hoped that this work will generate enough evidence at national level for continued funding of this important work to support this small but very vulnerable cohort of children and their families.

Below: **Mr Alex Lee at the PG SLE**



Below: **Parent interview at the LTV SLE**



## **Mental Health**

Across the AHSN's three programmes – Innovation, Improvement and Industry - and liaising with local stakeholders, we have been working to develop a sustainable mental health programme influenced by mental health priorities and planning in the local health system.

As the AHSN covers the Thames Valley and Milton Keynes areas, we can spread good practice in Mental Health services from within this area as well as from other AHSNs nationally. Additionally, we are also able to connect those with ideas for innovations within CCGs/Trusts/ICs to potential sources of funding.

**Serenity Integrated Mentoring SIM** is a national initiative being rolled out by AHSNs, in which police are integrated within a mental health team, working together with high impact users of services helping them towards safer and healthier lives. It brings a structured proactive approach, working with service users when they are not in crisis. Where SIM has been implemented in other areas there have been some major successes with service users reducing or ceasing their high impact patterns and greatly reducing their contacts including with the criminal justice system. We are exploring whether this is an initiative that could be rolled out within Oxford AHSN's area and to this end we recently organised for a team from OHFT and Thames Valley Police to attend a video meeting with Oxleas NHS Foundation Trust, a current SIM site. We continue to support trusts in discussions with Thames Valley Police regarding SIM.

The Oxford AHSN is participating in National SIM teleconferences and meetings which are proving very valuable. These meetings have had the added advantage that Mental Health leads from the different AHSNs have had more contact with each other and have been sharing their other work as well as SIM.

## **Anxiety and Depression Network**

The network has received confirmed (partial) funding from the Oxford AHSN and the Oxford CLAHRC for the next two financial years but efforts will need to continue to achieve full funding so that the network can continue to function at the present level of high-quality outputs, e.g. continued partnership with its excellent Patient Forum and wider stakeholder meetings for providers, commissioners, HEIs, HEE and NHSE.

Whilst continuing to support the IAPT services across Thames Valley to enhance patient outcomes and service delivery, the network has now also adopted a focus on Relapse Prevention/ Staying Well work. This programme of work is aimed at better supporting patients to maintain their therapeutic gains following discharge and includes the following projects:

- **Development of a therapy support and follow-up app:** great progress has been made in this last quarter and the network is currently testing the Paddle app ahead of piloting this with a small number of patients and staff. Paddle has been co-produced with ex-service users and an extended stakeholder group. Work has also started on an accompanying website and instruction videos.
- **Data collection and analyses** to better understand re-admission rates and time scales for patients who have received a course of psychological therapy. Q4 has seen three rounds of data collection to ensure the data is correct.
- **A new, structured protocol** for ensuring Relapse Prevention/ Staying Well work is routinely and effectively included in all step 2 treatments. Great progress has been made with this in Q4 and the network is now finalising design and planning piloting during the next quarter.

The comprehensive health economics evaluation of the new, integrated IAP Services now includes the findings from robust step wedge analyses which support the earlier findings of some £1,870 savings per patient over a two-year period. The focus is now on preparation of a paper for publication of these findings.

The Oxford AHSN Anxiety and Depression Network continues to have discussions with IAPT services in the Thames Valley regarding an initiative aimed at increasing the availability of treatments for older adults with anxiety and depression. The objectives include raising awareness of undiagnosed depression and anxiety in older adults and ensuring that effective treatments for depression and anxiety for older adults more freely available. The NHS Long Term Plan confirms the ambition to continue expansion of access to IAPT services for adults and older adults with common mental health problems, stating that the focus will be on those with long-term conditions. Older adults are more likely to have at least one long term condition, meaning that effort to increase take up in this element of the population will help to support the long-term plan.

### **Regional Collaborative to Improve Mental Healthcare for Emergency Department Frequent Attenders**

A collaboration between Emergency Departments (EDs) in the Thames Valley region has been funded by the Health Foundation through the Q Exchange programme. Q Exchange was a competitive process where our project was one of 15 selected by Q members to be funded, from 139 proposals submitted.

The clinical lead is Dr Deon Louw, Consultant in Emergency Medicine at Oxford University Hospitals. This collaborative project, which runs from November 2018 to November 2019, is aimed at improving ED mental healthcare for frequently attending patients through peer support of teams across the Thames Valley, incorporating the following objectives:

1. Analysing data on attendance patterns to identify variation and overlap between departments throughout the region (including where patients are attending more than one ED)
2. Sharing of Frequent Attenders Programme models across the Thames Valley region aiming to identify and implement best practice and looking at which interventions may be particularly effective
3. Involving service users to devise strategies to understand and better meet their needs

In Q4 we have held an event in which service users and ex-service users helped us to look at how EDs could best assess the needs of those attending frequently. We have also requested and received analysis of pseudonymised data from across the Thames Valley which shows us the patterns of frequent attendance at the five EDs in the AHSN's area, including identifying the extent that patients attend multiple ED departments in the AHSN area during one year. We are holding a multi-disciplinary event in May 2019 in which we have speakers from local trusts, and those outside the area, and we will feed back on the work so far.

### **Early Intervention in Psychosis – Improving Transfers**

The AHSN is supporting a project within the Early Intervention in Psychosis Thames Valley network on improving quality and safety during patient transfers. The project will work with teams to explore incidents concerning transfers, to establish best practice in this area, and to develop and embed new procedures. A survey has been completed by Thames Valley teams looking into the extent of issues with transfers between teams and between different elements of the NHS, for example referrals from other services such as primary care. A protocol for safe

transfers has been proposed and will be discussed further to determine if it can be adopted across the whole AHSN area.

### **Dementia**

At the end of March 2018, the Dementia Clinical Network ceased to exist in its previous form, but we were able to retain two of the projects, running of dementia webinars, and the care homes best practice network.

- **Dementia webinars** This programme launched in 2014, with the aim of building a culture of collaborative working across the Oxford AHSN region and reducing variation in diagnostic and prescribing practice following initial referral to memory services. Over 50 webinars have taken place, with over 1,000 live attendees and over 900 views of webinar recordings. During Q4 we have been preparing future webinars for 2019-20 including on safer prescribing for older people.
- **Best practice network for Care homes in-reach teams** This network is aimed at supporting the health teams that in-reach into care homes, helping care homes to provide better care to people living with dementia. Within the network, teams share best practice and support each other to take initiatives forward. CPD topics within network meetings have included nutrition, hydration, depression in older people, the WHELD study, and diabetes in care homes.

### **Industry**

The Mental Health Programme Lead continues to work with the AHSN Strategic and Industry Partnerships programme and has had discussions with industry regarding several products and innovations which address mental health. This includes supporting new products and services which have potential to improve mental health services.

## **Clinical Innovation Adoption (CIA)**

The programme's purpose is to support the uptake of innovations by the NHS that will improve health outcomes, patient safety, patient experience and create efficiencies and cost benefits. We work with healthcare innovators, Academics and NHS clinicians and managers to deliver innovations that are ready to be deployed. During 2018/19 we have continued with the deployment of our rolling programme of 14 to 20 innovation projects which includes 5 national programmes, ITT/ITP/RUP and AAC products; local projects and an international project. We end the year having completed four projects which includes two local Atrial Fibrillation (AF) Optimisation, two national (AF) National Detection projects and one national/collaborative MedTech project, WireSafe.

During to the expanding portfolio, we have added 2 new recruits to the team during Q4: Dr Andrew Leary joined as a Clinical innovation Adoption Manager and Jaswant Bance has been successfully seconded from HEE as a Digital Manager to manage the eMAPs project.

## **Project Highlights for Q4**

### **Atrial Fibrillation (National)**

One of our flagship programmes continues to perform strongly and deliver further improvements for our region. Q3 saw the launch of the Wokingham GP Alliance, Oxford AHSN and Royal Berkshire AF project, funded by Pfizer through a competitive process. This is the first bid secured in partnership with a GP Alliance in our region. The collaborative bid will deliver improvements for patients with AF across the Integrated Care System. The approach will be piloted in Wokingham locality before being rolled out to Berkshire West CCG.

### **Emergency Laparotomy Collaborative (National)**

Hosted the second Thames Valley ELC Conference (5 CPD points) on 4<sup>th</sup> March 2019. This included 36 people from five Trusts, including 3 members of the Steering Committee, together with speakers from Leeds, Portsmouth, Swindon, Frimley Park and Oxford AHSN. Baseline benchmarking data provided by Oxford AHSN for sites. One site employed this data to present their QI activity to management during their CQC inspection.

### **PINCER (National)**

The pilot is now complete with 25 Practice Based Pharmacists trained on the PINCER methodology.

### **Heart Failure (Local)**

Oxford AHSN launched the Heart Failure Project in October. We are working with Novartis to create an Implementation Package that will include advice, videos and workshop materials.

## Project progress for Clinical Innovation Adoption Q4

The CIA Programme manages five of the seven national programmes undertaken by Oxford AHSN which are progressing well.

National Programme	Measure/goal	2018/19	Q4 Position	Comment	Status
Atrial Fibrillation	Number of patients diagnosed with AF	1,966	Approx. 3,733	Based on the 2017/18 QoF we have a high degree of confidence that the target will be achieved and exceeded. QoF 2018/19 is due for publication Oct 2019.	
Emergency Laparotomy	Number of procedures	180	On target	134 to end of Q3 (Based on Trusts at Stage 5)	
PINCER	Number of GP Practices implementing PINCER	96	25	Whilst we have not achieved the 2018/19 target we are confident that we will exceed the cumulative target by the end of the year FY 2019/20.	
TCAM	Number of completed referrals	235	0	There is the potential to achieve the cumulative referral target by the end FY 2019/20 if Two of the Trusts sign up by June 2019. This is dependent on the IT due to EPMA system project timelines.	
ESCAPE-pain	Number of people completing the programme	274	7	A second leisure site commenced in Q4. A third leisure site was due to commence but due to lack of participants the start date was postponed to Q1 2019/20. It is anticipated the number of participants completing the programme in 2018/19 will be seven. Leisure sites have struggled to recruit suitable participants. NHS providers and commissioners also showing some interest, with active discussions taking place and decisions to implement the programme due in Q1 2019/20. Patient target numbers have not been achieved in this financial year due to limited number and late sign up of sites, and challenges in recruiting appropriate participants.	

## NATIONAL PROJECT: Atrial Fibrillation

Table shows 2018/19 target and expected outcome.

National Programme	Measure/goal	2018/19	Q4 Position	Comment	Status
Atrial Fibrillation	Number of patients diagnosed with AF	1,966	Approx. 3,733	Based on the 2017/18 QoF we have a high degree of confidence that the target will be achieved and exceeded. QoF 2018/19 is due for publication Oct 2019.	

### Background

Atrial fibrillation is the most common cardiac arrhythmia affecting around 2% of the population and with prevalence increasing sharply with age. People with AF have a five-fold increase in the risk of stroke, with AF being the cause of around 20% of all strokes. Strokes caused by AF are more severe with higher mortality and resulting in higher levels of disability. Anticoagulation with warfarin or a DOAC (direct oral anticoagulant) has been shown to reduce the stroke risk by 66%.

The Oxford AHSN AF workstream focuses on three areas of improvement in the AF pathway:

- 1) **Detect:** diagnosing more patients
- 2) **Protect:** anticoagulating more patients
- 3) **Perfect:** optimising anticoagulation control

### Summary of 2018/19 activity

The AF programme continued to grow and deliver in 2018/19. Oxford AHSN contributed to the national mobile ECG device roll-out programme, handing out over 200 mobile ECG devices to a range of health care professionals in the Oxford AHSN region. The formal evaluation of the national device roll-out will be published in April 2019 and we will ensure that any learning points are built in to future project around AF detection or digital devices.

Several projects came to an end in 2018/19 including:

- Excellence in AF (shortlisted for a HSJ Award)
- Pharmacist-led anticoagulation in primary care (published in the AF association AF Pioneer report)
- Oxfordshire anticoagulation optimization (published in the British Journal of Haematology)

Three new projects also commenced:

- AF champions – Berkshire West (£168k industry funding secured)
- AF detection in the housebound – Buckinghamshire (£19k industry funding secured)
- Educational resources to support anticoagulation in primary care (£50k HEE funding)

### Quarter 4 highlights

#### Excellence in AF

The Excellence in AF project was shortlisted for a HSJ industry partnership award. The project did not ultimately win but being shortlisted demonstrated the quality of the project and also the potential for future spread.

#### Pharmacist led anticoagulation initiation

This project closed at the end of Q3 and was evaluated in Q4. Over 1000 patients received a desk-top review – e.g. a review by a specialist pharmacist to ensure their anticoagulation was optimised.



465 patients received a consultation by a specialist anticoagulation pharmacist. The average age of patients reviewed was 79 and the average CHA<sub>2</sub>DS<sub>2</sub>VASc (stroke risk) score was 4.

- 176 patients were anticoagulation naïve at the time of consultation with 112 (64%) of these patients being initiated on anticoagulation
- 262 patients were on warfarin with poor TTR at the time of consultation, with 140 (53%) of these being transitioned onto a DOAC
- 178 patients on a DOAC were reviewed to check dosing was correct. 29 DOAC doses were found to be incorrect or contraindicated (19 too low a dose, 6 too high a dose, 4 contraindicated) and these were corrected.
- We estimate that up to 13 strokes per annum have been prevented because of the programme and that a further 10 patients have been protected from medication-related harm because of prescribing errors.

### **Berkshire West Integrated Care System project**

Several stakeholder meetings and planning sessions were held in Q4. The project has been aligned to the CCG Prescribing Quality Scheme which should increase GP engagement. The first cohort of 13 practices will go live in May 2019 and work is ongoing to create course content and supporting materials. A series of successful meetings have been held with mobile ECG device providers and procurement has commenced on the MyDiagnostick device which will be offered to practices participating in the project.

### **Educational material**

Work continues at pace on developing a suite of educational materials to support the AF programme. A successful meeting was held with the appointed e-learning developer and design work has commenced. The e-learning package is due to be delivered in June 2019 and will be supported by podcasts and a webinar.

## NATIONAL PROJECT: Emergency Laparotomy Collaborative (ELC)

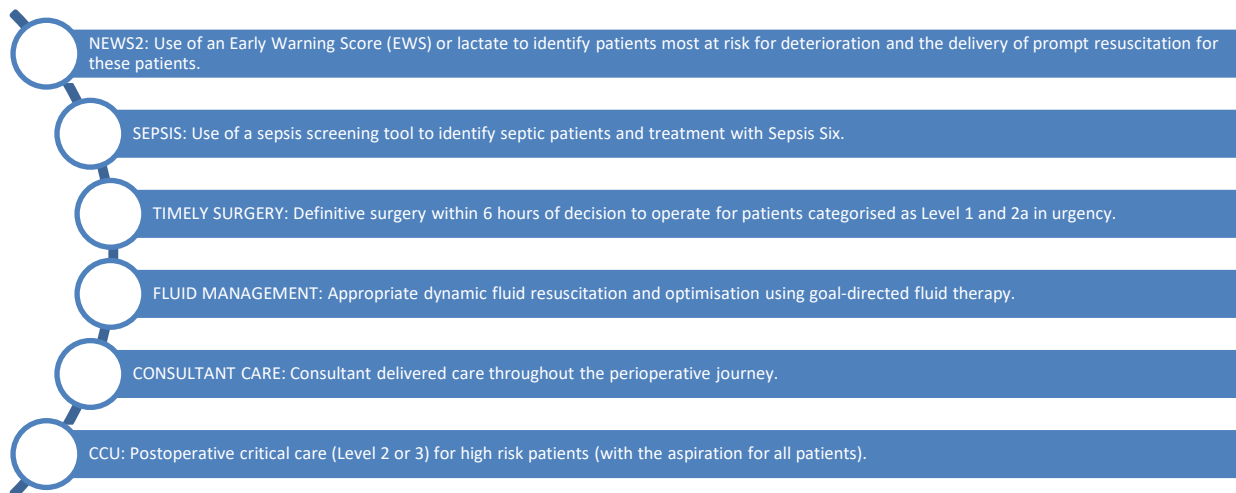
The ELC project aims to improve outcomes/survival for patients who require emergency laparotomies by improving the process and level of specialist support given to patients.

Table shows 2018/19 target and expected outcome together with a Year 2 2019/20 forward view

National Programme	Measure/goal	2018/19	Q3 position	Comment	Status
Emergency Laparotomy	Number of procedures	180	On target	We have been informed in Q4 2018/19 that Frimley Park Hospital have been allocated to Oxford AHSN. Frimley Park have been active in ELC over a longer period than the rest of our cohort. The original Year 1 regional target of 702, identified as 50% of expected activity and based on the flawed ROI "Financial Fair Share", remains unchanged. For sites engaged at Stage 5 (Frimley Park Hospital only), year 1 target of 180 is expected to be achieved (+/-3%). Year 2 (2019-20) target of 803 equates to 87% of the NELA 2016/17 data returns for our region. On a cautionary note, our real-World figures show that we have three Trusts with a long road to tackle case ascertainment, the other three have little room for improvement and will be challenged to sustain, in part due to inequitable data entry. Additionally: (1) the actual number of ELs performed are falling nationally for those further into the programme (which is understood to be due to: increasing decision for Palliative care rather than surgery; or laparoscopy performed which despite improving patient outcomes, is not counted) and the effect is yet to be seen in our sites. This makes attainment of the target further challenging; (2) Most sites have profound challenges to meet BPT criteria due to insufficient CCU capacity. Whilst this does not directly affect the measure of "number of procedures", indirectly it may serve as a disincentive for the Programme; (3) Some Trusts will operate a block contract rather than be subject to BPT criteria. This may also reduce incentive.	

## Background

The care bundles being implemented are:



## Activities in Q4

### Second Thames Valley ELC Conference – 4<sup>th</sup> March 2019

36 people attended, with each site presenting their existing Emergency Laparotomy pathway and discussing challenges they face to change the pathway. Speakers drawn from four, extra-regional earlier adoption sites imparted their experiences, the challenges they faced, how they overcame them and what they are currently grappling with. Topics included how to engage colleagues and the wider MDT, the value of a dedicated Emergency Laparotomy Nurse Specialist and capturing patient feedback, strategies for improving the number of patients being admitted to CCU post-operatively and the relative merits of performing laparoscopy instead of laparotomy. Additionally, Oxford AHSN presented regional and site-specific data to encourage consideration of the value this offers for pathway re-design together with further QI training. 5 CPD points were awarded.

#### 1. Best Practice Tariff

Criteria for attainment of Best Practice Tariff (BPT) has been changed. Full details are not currently available, but we understand the following. At least 80% of high-risk patients (defined as pre-operatively assessed mortality risk of  $\geq 5\%$ ) require consultant surgeon and consultant anaesthetist presence in theatre for the duration of the emergency laparotomy (EL) procedure with admission directly to CCU (Level 3 or 2) post-operatively. However, now the target percentage shall be decided upon by the commissioners. This poses the potential for variable performance requirements between commissioners, in this national programme seeking to reduce variation in outcomes and provision of care for people undergoing emergency laparotomy procedures.

Additionally, Trusts need to have a diagnostic pathway (arrival at hospital to decision for surgery) and thereafter, an emergency laparotomy pathway that is agreed by clinicians potentially involved in delivery of care, including emergency departments, radiology, anaesthesia, surgery, critical care and elderly care. Elements such as specialty to specialty referrals, CT scanning, identification of high risk and deteriorating patients, consultant presence, admission to critical care, assessment of frailty with elderly care input should be included and signed off by the Trust Board.

#### 2. The Emergency Laparotomy Collaborative Steering Group

The ELC Steering Group for the Thames Valley region will include a Chair, a Co-Chair, representatives from each of the acute hospitals and a lay representative. We are seeking a representative from OUH, a patient

and in view of the recent addition of Frimley Park Hospital to the Thames Valley cohort, a representative from this hospital also. The first Steering Group quarterly meeting shall be in Q1 of 2019/20.

### 3. NELA data baseline & data repository

Baseline performance data has been received from each of the five original sites in the Thames Valley region and processed by Oxford AHSN, then provided to each site. The value for a data repository with suitable access privileges for Collaborative members has been identified and is under consideration.

### High Level Project Plan for the coming 3 months

	Task List	Status
<b>SEPT 18</b>	Official communication circulated to sign up to project Develop and sign off formal project plan for 2-year project Hold Kick Off Meetings and agree local plan at each trust Develop steering group for ELC Attend KSS sharing events for toolkits and support resources Data Sharing agreements in place	Complete Complete Complete Complete Complete 4 out of 5
<b>OCT 18</b>	Secure regional data and analyse Plan regional ELC conference	Underway Complete
<b>NOV 18</b>	Attend ASGBI Emergency Laparotomy Conference Acquire CPD credits for OAHSN Regional ELC Conference	Complete Complete
<b>DEC 18</b>	Prepare Best Practice Tariff presentation for ELC Conference Hold Regional ELC Conference Data sharing agreements for all participants Steering Group invitations Attend Oxford School of Emergency Medicine – exhibit at Conference	Complete (7 Dec) Complete (7 Dec) Complete Underway Complete
<b>JAN 19</b>	2 <sup>nd</sup> Regional ELC Conference – preparations Interim site meeting – Wexham Park Hospital – 22 January National ELC meeting – London – 23 January Site meeting: MKUH Locked NELA data – collection and analysis Steering Group – ongoing membership and meeting preparations	Complete Complete Complete Complete Complete
<b>FEB 19</b>	2 <sup>nd</sup> Regional ELC Conference – preparations Creating & analysing benchmarking data CPD accreditation for above ELC Conference	Complete Complete Complete
<b>MAR 19</b>	2 <sup>nd</sup> Regional ELC Conference – 4 March Review of Conference and next steps Meeting: OUH NELA leads & Deputy Medical Director Seeking site visits	Complete Complete Complete Complete
<b>APR 19</b>	Site visits: seeking & attending. ELC3 meeting preparation including securing speakers. Steering Committee meeting: finalising Steering Committee preparation. Steering Committee membership: seeking three further members. Data repository: further steps in defining requirements. ELC Comms: distribute first Newsletter. BPT: seeking clarification regarding new criteria.	Ongoing Ongoing Ongoing Ongoing In progress Pending In progress
<b>MAY 19</b>	Site visits: seeking & attending. ELC3 meeting preparation. Steering Committee: securing date of next meeting.	Ongoing Ongoing To commence
<b>JUN 19</b>	ELC3 Meeting. Site visits: seeking & attending. National ELC Meeting.	In preparation Ongoing Pending

## Status of Partners

	Initial Engagement	Executive Buy In	Local Kick Off meeting	Attendance Second Meeting	NELA Data received
Buckinghamshire Healthcare	Green	Green	Green	Green	Green
Oxford University Hospitals	Green	Orange	Green	Green	Green
Royal Berkshire	Green	Green	Green	Green	Green
Frimley Health – Wexham Park	Green	Green	Green	Green	Green
Milton Keynes University Hospital	Green	Green	Green	Green	Green
Frimley Health – Frimley Park *	Green	Green	Orange	N/A	Orange

\* Allocated to Oxford AHSN immediately prior to submission of this report. Initial telephone contact made with local NELA lead consultant. Site commenced ELC work in 2015/16 and so RAG ratings set to green where appropriate.

## Activities Next Quarter (Q1)

Site Visits: Stoke Mandeville, Bucks completed. OUH date agreed; seeking x4 others.

ELC3 regional meeting preparation: including securing speakers; meeting OUH point of care testing lead.

Steering Committee meeting: date agreed; finalising Steering Committee meeting preparations; pre-Steering Committee meetings with Chair and Deputy Chair; pre-Steering Committee contact with all other members; agree Agenda and create documentation for presentation.

Steering Committee membership: endeavoring to secure OUH representative for Steering Committee; patient representative to be sought; and exploring representation from Frimley Park Hospital.

Data repository: further steps in defining requirements.

ELC Comms: distribute first ELC Newsletter.

BPT: seeking clarification regarding changed criteria for assessment.

## NATIONAL PROJECT: Transfer of Care Around Medicines (TCAM)

Table shows 2018/19 target and expected outcome.

National Programme	Measure/goal	2018/19	Q4 Position	Comment	Status
TCAM	Number of completed referrals	235	0	There is the potential to achieve the cumulative referral target by the end FY 2019/20 if Two of the Trusts sign up by June 2019. This is dependent on the IT due to EPMA system project timelines.	Yellow

## Background

Many patients will be discharged from hospital having had changes made to their medication. Often patients do not fully understand the changes that have been made to their medication regimen and this can lead to errors and adverse events. A pilot study in Newcastle showed that patients who were referred to their community pharmacist for a medication review following discharge were less likely to be readmitted at 30, 60 and 90 days following discharge. The TCAM project will establish an electronic referral

pathway between pharmacists in hospitals and pharmacists in the community. Patients newly discharged can be followed up by their community pharmacist and have their medicines reviewed and explained, thus potentially reducing medication errors. The overall aim is to reduce re-admissions. The platform used is Pharm Outcomes, which can integrate with trust e-prescribing and medicines administration (EPMA) systems to provide a fully integrated referral system.

### Summary of 2018/19 activity

The TCAM project commenced in September 2019 and the focus to date has been on stakeholder engagement and determining the feasibility of a TCAM project in each Trust. Implementation of TCAM in the Oxford AHSN region has been complicated by most Trusts not yet having an electronic prescribing and management (EPMA) system in place. It is recognized by the AHSN network that TCAM is more complex to implement where a Trust does not have EPMA.

Stakeholder workshops and meetings have been held to determine appetite for the TCAM project, to explain the benefits that it could bring and to explore technical solutions for implementation that mitigate the lack of an EPMA system. None of the Trusts across the Oxford AHSN region went live with TCAM during 2018/19.

### Q4 Activities

During Q4 activities continued to focus on stakeholder engagement in two Trusts – Bucks Healthcare and Frimley Health, including investigating whether external funding would address some of the barriers caused by lack of EPMA. Progress has been slow, and these Trusts have, yet, not been able to establish whether TCAM is feasible. Until this decision is made, wider engagement of stakeholders, including the LPC and ward-based pharmacists is not possible or practical.

### The status by Trust is:

Trust	Status
Frimley Health	Interested – exploring technical solution; meeting planned 25 <sup>th</sup> April 2019
Buckinghamshire Healthcare	Interested – exploring technical solution; meeting planned 2n May 2019
Royal Berkshire	Potential interest – have been focused on embedding EPMA. Wish to re-engage in April 2019.
Milton Keynes University Hospital	Trust keen but LPC will not engage
Oxford University Hospital	Currently TCAM not a priority
Oxford Health	Potential interest

### Metrics

The nationally agreed targets for Oxford AHSN for TCAM are shown below. No Trusts in the Oxford AHSN region went live with TCAM before the end of 2018/19 and so the target for this year will not be met.

### Next steps

- Progress exploration of IT solution with Buckinghamshire Healthcare and FrimleyHealth in planned meetings
- Meeting with Royal Berkshire to establish if they are now able to implement.

## NATIONAL PROJECT: PINCER

Table shows 2018/19 target and expected outcome.

National Programme	Measure/goal	2018/19	Q4 Position	Comment	Status
PINCER	Number of GP Practices implementing PINCER	96	25	Whilst we have not achieved the 2018/19 target we are confident that we will exceed the cumulative target by the end of the year FY 2019/20.	

### Progress against targets

As explained in the Q3 report, the national target for PINCER in the Oxford AHSN was to have implemented PINCER at 96 practices during this financial year however this was delayed as a result of late receipt of the “PINCER offer” to AHSNs and a plan for national roll out; This delayed conversations with Oxford AHSN CCGs until Q2. 4 out of 5 of our regionally CCGs have committed to support this activity for their 19/20 workplan. Whilst short of the target for 2018/19, the Oxford AHSN anticipates that it will be able to reach the 2019/2020 target of 192 by March 2020.

### Background

The PINCER intervention comprises three core elements, all of which are underpinned by a series of action learning sessions.



### LOCAL PINCER PILOT

- A local PINCER pilot was set up and delivered with the support of **Health Education England Thames Valley**. The pilot provided training on the Action Learning Sets and took place between November 2018 and Jan 2019 with the objective of understanding the PINCER methodology and highlighting issues and barriers to implementation. 25 pharmacists attended (Nov and Dec 2019). Both sessions ran smoothly and were well attended by the pharmacists across 4 CCG regions.

## LOCAL PILOT: OXFORD AHSN

CCG	PRACTICES IN Pincer PILOT
Bucks CCG	9
East Berks CCG	4
Oxfordshire CCG	10
Berks West CCG	2
<b>TOTAL</b>	<b>25</b>

### Activities in Q4

Analysis was done on the local pilot during Q4.

- **ANALYSIS FROM LOCAL Pincer PILOT**
  - Most pharmacists attending covered multiple practices.
  - All pharmacists had managed to sort out the IG and license agreements at their practices.
  - All pharmacists were able to download CHART software onto practice systems.
  - All pharmacists were able to pull data on patients at risk from medication errors.
  - Numbers of patients at risk at each practice ranged from 17 –236.
- **FEEDBACK FROM LOCAL Pincer PILOT**
  - Participants recognised the positive impact on patient safety and practice resource, with system changes saving staff time in reviewing/correcting hazardous prescribing downstream.
  - Participating Practices found process of reporting findings and engaging Practice staff very positive.
  - The pilot shone light on areas not previously perceived to be problematic.
  - GP teams were happy to support developing an action plan to address system issues.
  - Created an opportunity to speak more generally about prescribing issues.
  - Identified potential barriers to wide scale roll out of training that were assessed and addressed with mitigating actions.
- **MITIGATION PLAN UNDERWAY TO MEET THE TARGET**
  - To reach the target of 192, the Oxford AHSN project must see 167/ 200 potential practices sign up to the training. Whilst this is over 80% of practices, it is felt that with the incentives of the QOF points and the incentive schemes on offer, we are likely to be able to hit this target.
- **COMMUNICATION PLAN**
  - We have developed a comprehensive comms plan with each CCGS to ensure that all practices are aware of the plans for training and support. The first e-flyers were sent out during Q4.

### Activities next quarter (Q1)

- **ONGOING TRAINING PLANS**
  - The Oxford AHSN and CCG leads across the region have been working on developing a comprehensive training plan for the first quarter of 2019/2020 which aims to offer all practices in the Thames Valley region an opportunity to join Pincer training.
  - The Pincer training will take place between Mar 2019 and June 2019 and will offer 13 webinars and 13 face to face action learning sessions over the course of the 3 month period.
- **STEPPING UP COMMUNICATION**



- Whilst the CCG engagement has been excellent, we are keen to ensure that the GPs are aware of the PINCER project and the criteria to receive QOF points. Communication e-flyers will be sent out regularly during Q1 to keep the project visible and engagement high.

### ENGAGEMENT FOR OXFORD AHSN REGIONAL CCGS, PRACTICES AND LOCALITIES

CCG	PRACTICES IN PILOT	PRACTICES PLANNING TO IMPLEMENT	NUMBER OF ACTION LEARNING SETS IN Q1 (19/20)
Bucks CCG	9	43	2 localities
East Berks CCG	4	48	3 Localities
Oxfordshire CCG	10	61	5 Localities
Berks West CCG	2	48	3 Localities
<b>TOTAL</b>	25	200	12 Action Learning Sets

### NATIONAL PROJECT: ESCAPE-pain

Table shows 2018/19 target and expected outcome

National Programme	Measure/goal	2018/19	Q4 Position	Comment	Status
ESCAPE-pain	Number of people completing the programme	274	7	A second leisure site commenced in Q4. A third leisure site was due to commence but due to lack of participants the start date was postponed to Q1 2019/20. It is anticipated the number of participants completing the programme in 2018/19 will be seven. Leisure sites have struggled to recruit suitable participants. NHS providers and commissioners also showing some interest, with active discussions taking place and decisions to implement the programme due in Q1 2019/20. Patient target numbers have not been achieved in this financial year due to limited number and late sign up of sites, and challenges in recruiting appropriate participants.	

### Background

ESCAPE-pain (enabling self-management and coping with arthritic pain using exercise) is an evidence-based rehabilitation programme for people over 45 years with hip or knee pain. The programme integrates education, self-management and coping strategies with an individualised exercise regime. It can be delivered in both the health and leisure sectors by physiotherapists and fitness instructors. Each programme consists of 12 sessions run over six weeks, with typically 12 patients per session.

## Summary of 2018/19 activity

2018/19 has focused on engaging with potential stakeholders to determine their interest in offering the ESCAPE-pain programme, which has included meeting with 18 organisations. Within the health sector this includes community and acute providers or MSK services, commissioners, ICSs. The leisure sector includes County Sport Partnerships, district council and individual leisure providers.

To date, two leisure sites are providing the programme within the AHSN region and a third leisure Centre due to start in Q1 2019/20. 2018/19 also saw active interest from two health service providers, and discussions are in progress with commissioners regarding the introduction of the programme. However, several challenges have been encountered which has slowed the uptake across the region. These include:

- Similar services being offered within the health service
- Concerns from providers about increasing the number of sessions offered to patients (12 sessions) to ensure adherence to the core tenets of the programme
- Leisure Centres have had trouble recruiting appropriate individuals to the programme
- Stringent eligibility criteria for the Sport England funded sites have made it particularly difficult for the site to recruit adequate numbers of participants

### Q4 highlights

The key highlights from Q4 are:

- Leisure site in Slough commenced the programme in January 2019
- Facilitator from leisure site in Oxfordshire attended the training course, funded by the AHSN
- Leisure site in Oxfordshire was due to commence in March 2019, but due to limited uptake the course has been postponed to April 2019
- Ravenscroft Physiotherapy, a community MSK provider in Milton Keynes, is keen to introduce the programme into their pathways. A paper was presented to the commissioner in March 2019
- Ongoing engagement and discussions with potential stakeholders

At the end of 2018/19 seven participants will have completed the ESCAPE-pain programme. The reasons for the low numbers have been highlighted in the challenges above. The outturn for 2019/20 is 80 participants completing the course. However, this will depend on formal agreement to implement the programme by health service providers to ensure there will be enough numbers of eligible patients referred via the current referral arrangements.

Alongside continued engagement and support for sites to offer the programme, during 2019/20 the AHSN will also explore the reasons why sites, particularly leisure sites, find it difficult to recruit appropriate participants.

## LOCAL and INTERNATIONAL PROJECTS

The projects reported below have been initiated either through partner priorities (fall prevent projects, Wiresafe, prostate cancer), national awarded funding via bids (Innovate UK – Sleepio/Atrial Fibrillation), workforce development funding from Health Education England (HEE) or international funding (EIT Health - eMaps).

Requirement	Project	Start	End	Status
Local	Heart Failure (detect and treat - Novartis)	May-18	Dec-20	ongoing
Local	Sleepio (Innovate UK)	Apr-18	Dec-20	ongoing
Local	Falls Project 2/Phase 2: FallSafe Bundles	Jan-17	Mar-19	ongoing
Local	Patient Safety – Wiresafe	May-17	Jun-19	ongoing

Local	Atrial Fibrillation project - Reducing AF-related stroke through a coordinated primary/ secondary care pathway	Nov-18	Dec-20	Sep 2020
Local	Innovation Course cohort 6 (Buckinghamshire New University/Oxford AHSN)	Sep-18	Jun-20	ongoing
International	eMaps – Market Access Tool	Jan 2017	Dec 2019	ongoing

## LOCAL PROJECT: Heart Failure

### Background

In Q2 2018/19 Oxford AHSN and Novartis signed a joint working agreement to deliver the Excellence in Heart Failure project.

The project will be delivered in GP practices across Buckinghamshire and will include:

- Code cleansing – to increase prevalence
- Medicines optimisation in primary care
- Development of pathways to support optimisation of specialist medications

The overall aim of the project is to improve quality of care for patients with heart failure and reduce admissions for this patient cohort.

Novartis have appointed Interface Clinical Services to support practices in running clinical audits and reviewing patients suitable for GP care. Patients who require optimisation in primary care will be reviewed by their GP and have their medication optimised. Patients who are more unstable will be referred to the Community Heart Failure service for review with the most urgent patients being referred into the acute cardiology service.

### Progress in Q4

The pilot practice went live in Q4 and the data was shared with the project team. Code cleansing increased the recorded prevalence of HF in this practice by 10% and the optimization audit identified 63 patients (60% of the total heart failure register) for optimization. These numbers have been used to extrapolate the potential impact across Buckinghamshire in terms of volume of patients requiring review.

Given the large numbers of patients identified and the complexity of the audit data it was decided to run a further pilot with a potential 4 further practices taking part in a 'soft launch' in May. This is to gain further insight into the number of patients expected to be identified for optimization so that practices can be appropriately staggered to not overwhelm local pathways.

## LOCAL PROJECT: INNOVATE UK Funded: Sleepio

Sleepio is an online support programme to address insomnia which affects one in ten adults. It aims to improve sleep without sleeping tablets through a fully automated, interactive web-based tool.

Innovate UK is funding a project providing free direct access to Sleepio to all 2.7 million adults living in the

Thames Valley (Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire) from October 2018 until autumn 2019. This is the first large-scale NHS rollout of direct access digital medicine. This means people can access the programme without needing a GP referral or prescription.

This initiative is being led by the Oxford Academic Health Science Network (Oxford AHSN) in partnership with Big Health (the company behind Sleepio), major employers, GP surgeries and other primary care professionals.

## Activities in Q4

- An evaluation to provide evidence as to whether integration of Sleepio results in benefit for the mental health of the Improved Access to Psychological Therapies (IAPT) population, compared to previous practice, is now being undertaken. Two phases of rollout have been proposed. Implementation began in Healthy Minds Buckinghamshire in late December 2018. It is anticipated that the resulting adoption blueprint (emerging from the learning over the first three months of this implementation) will then enable the other IAPT partners across the Thames Valley to engage from March 2019 until the end of the year.
- **Commissioner Engagement** – A paper “Determinants and barriers to adoption of population based digital therapies within the NHS” has been drafted to present the findings from the WP2 Commissioner engagement interviews conducted in May/June 2018. It is intended that, following input from Big Health colleagues, the paper will be submitted to BMJ Innovations.
- **Population Engagement**-For the duration of the Sleepio project, the web-based tool will be made available to anyone (over 18 years-of-age) within the Oxford AHSN geography. Following the official launch on World Mental Health Day - 10 October 2018 - large employers and third sector organisations (particularly those supporting carers, mental health issues, and long-term conditions) are being sought to engage with the project and roll-out Sleepio.
- Seven large local employers are now rolling out Sleepio to their staff (Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, West Berkshire Council, Oxfordshire County Council, Oxford Brookes University, and Unipart). Support using collateral and copy for staff newsletters has been developed and delivered, via a specifically-designed, password protected webpage, to raise awareness and assist HR and Wellbeing Champions make the most of this opportunity for their workforce.
- Meetings in support of this initiative have also been conducted with Bucks Healthwatch, Buckinghamshire MIND, OxFed, RAF Brize Norton, and the Bicester Healthy New Town initiative to seek engagement and raise profile of Sleepio and the project. Further meetings with University of Buckingham, Oxfordshire MIND, and other organisations have been arranged.
- Media engagement for the project launch and for World Sleep Day has been sought locally, as well as articles within the national press (Guardian, Telegraph, BBC News etc.), as well as regular articles in stakeholder newsletters.
- Since the project’s launch over 4,500 individuals have accessed Sleepio from the Thames Valley. The majority of those (just over 50%) individuals are Oxford-based.
- A campaign to reach a wider cross-section of the Thames Valley’s public is being created with the intention of significantly driving-up the numbers of those accessing Sleepio and determining their “sleep score”. It is intended that this will result in an additional 6,000 individuals engaging.

## Activities for Next Year

### GP Engagement

- Utilise alternative communication routes, such as MJOG, to raise awareness with relevant and clinically appropriate patients registered with data partner practices.

### Population Engagement

- Develop and implement digital communications project in conjunction with digital design agency – following Invitation to tender process – including input from those with lived experience to be rolled out by August 2019.
- Gain insight and learning from the experiences of the employers already engaged in the project.
- Focus on seeking engagement from larger local private sector employers; such as Thames Water, Amey Construction, BMW, Nielsen's, and Grant Thornton.
- Support and promote the television features being developed around Sleepio by both the BBC and ITV.
- Ensure that Sleepio is included in local Make Every Contact Count (MECC) offer.

## LOCAL PROJECT: FallSafe Care Bundle Project (end date: Q1 2019/20)

### Summary

The FallSafe quality improvement project was developed by the Royal College of Physicians (RCP) to support frontline staff to deliver evidence-based falls prevention initiatives. It enables staff to provide multifactorial assessments and interventions that identify and treat the underlying reasons for falls and to ensure preventative steps have been taken to ensure patients do not fall while in the care setting. Staff complete monthly audits that monitor compliance against each of the elements. The original RCP project estimated falls reduced by 25% on wards implementing the FallSafe care bundles.

### 2018/19 activity

2018/19 has focused on supporting Trusts to implement FallSafe on selected wards. The support has included:

- Collection of audit data
- Analysis of monthly audit data
- Monthly project meetings
- Ward presentations, including night staff
- Support at AGM to highlight work on falls prevention
- Development of ward materials, such as this poster

During the year, both Berkshire Healthcare and Frimley Health (Wexham Park Hospital) took the decision to pause the project due to several priorities and workload on the selected wards, which had led to difficulty maintaining engagement and momentum with the project. With one Trust, the pause coincided with the Trust's engagement with NHS Improvement's Falls Improvement Collaborative. Both Trusts emphasised falls is a priority area and it was agreed they could approach the AHSN later should they wish to recommence FallSafe.

The AHSN assisted Buckinghamshire Healthcare with the initial implementation on a selected number of wards. The Trust was keen to roll out the project to several other wards and did so with the support from their internal Clinical Audit and Effectiveness and Quality Improvement teams. Due to the availability of internal support, the AHSN has withdrawn from the project.

The AHSN has also been supporting Oxford Health to implement FallSafe across four wards, which are a mixture of rehabilitation and mental health wards. Three wards completed the project towards the end of 2018/19 and the fourth ward extended the project slightly and will conclude the project during Q1 2019/20. The project report will subsequently be compiled.

### LOCAL PROJECT: Brookside Group Practice Urgent Care Clinic Review (end date: closed)

#### Summary

The Oxford AHSN was approached by the Brookside Group Practice to understand the impact of a new model of urgent (same day) care that was introduced in July 2017. The Practice and AHSN undertook an audit in December 2017 to measure the impact and a report detailing these findings compiled during Q1 2018/19. An article was also published in Pulse, an online GP magazine, in Q3 2018/19.

The project closed during 2018/19, however a second phase was undertaken during Q3 and Q4. The GP practice introduced, with support from the AHSN's Strategic and Industry Partnership team, two point of care (POC) tests into the clinic during November 2018. A second audit was undertaken in December 2018, both to provide a comparison with the previous year's audit and to also gather information regarding the impact of the POC tests. The report will be finalised during Q1 2019/20, although there will be further analysis of the POC tests by the Strategic and Industry Partnership team.

### Innovation Technology Tariffs/Innovation Technology Payments

The ITT/ITP innovations are being supported by AHSNs. Progress is as follows:

	Innovation Name	Start	End	No of potential Trusts/CCGs	Engaged/interested	Adoption to date 10/18	Not interested
ITT/ITP	Patient Safety innovation - Pneux Tracheal Tube (ITT/ITP)	Jun-17	Jun-19	5	1	1	3
ITT/ITP	Patient Safety Innovation - Non-Injectable Connector	Jul-17	Jun-19	5	1	3	1
ITT/ITP	Surgical - benign prostatic hyperplasia -	Sep-17	Jun-18	5	2	3	
ITT/ITP	Endocuff	Jan-18	Mar-19	5	3	2	
ITT/ITP	Heartflow	Mar-18	Apr-20	3	2	1	
ITT/ITP	MyCOPD	Apr-18	Mar-19	5	4		1
ITT/ITP	Plus, Sutures	Apr-18	Mar-19	1	1		
ITT/ITP	SecureAcath	Apr-18	Mar-19	5	3	2	
ITT/ITP	MobileECG	Apr-18	Mar-19	5	1	4	
ITT/ITP	Episcissors	Apr-18	Mar-19				

During Q4 we will continue to support the 2018/19 ITT/ITP and to prepare for the 2019/20 ITT innovations that will be announced shortly.

### **Patient Safety Devices (end date: Q4 2018/19)**

Since 2017/18 the CIA team has been working with two NHS Innovation Accelerator (NIA) Fellows to implement three patient safety devices within critical care and operating theatres. The devices provide engineered solutions that significantly reduce the possibility of human error and improve the safety in providing care to critically ill patients.

- Non-Injectable Arterial Connector (NIC): to significantly reduce the risk of wrong route medication errors into the arterial line
- PneuX: to significantly reduce the risk of ventilator associated pneumonia
- WireSafe™: to significantly reduce the risk of retained guidewire during central venous catheter and chest drain insertion procedures.

All three devices are on the NIA, and the NIC and PneuX attract the Innovation and Technology Tariff (ITT). Due to the work and engagement undertaken during 2017/18, there has been limited activity during 2018/19. However, the Oxford AHSN did hold a workshop for all AHSN during Q2 2018/19 to provide information and guidance on the implementation of the WireSafe™. The workshop was very well received by all attending AHSNs and provided an opportunity to pose questions and anticipated barriers to adoption to the innovators.

NHS England has advised that the products on the ITT 2017/18 – 2018/19 will be continued for a further 18 months. The AHSN will provide reports by exception going forward.

### **UroLift (end date: Q4 2018/19)**

#### **Summary**

UroLift is one of ten innovations on the Innovation and Technology Tariff (ITT), however unlike the other innovations the ITT provided UroLift with a new HRG code via the National Tariff. This means providers are reimbursed appropriately for the procedure.

- UroLift is an alternative, minimally invasive treatment for benign prostatic hyperplasia which can be undertaken as a day case (as opposed to TURP or laser procedures which require inpatient stays)
- There are several patient and health economy benefits including preservation of sexual function, rapid symptom relief, improved bed capacity and improved theatre capacity due to shorter procedure time compared to TURP and laser procedure

#### **2018/19 highlights**

All Trusts within the region are either offering the procedure or are in the progress of getting internal Trust approval to offer it. The AHSN has continued to support those Trusts not yet offering UroLift to develop the necessary business case.

- While Frimley Health has been offering UroLift for some time at the Frimley Park site,

the first list at the Wexham Park site was held in Q3 2018/19

- Buckinghamshire Healthcare gave agreement to implement UroLift and Q4 has seen the pre-requisite training scheduled for the clinical team. The first list is due to take place during Q1 2019/20 (7<sup>th</sup> June 2019)
- The AHSN and Teleflex (supplier of UroLift) has continued to engage with Milton Keynes University Hospital, however internal progress with the business case has been delayed. Support will continue to be offered until a decision has been

It is difficult to baseline the number of expected procedures per Trust as this depends on the number of factors such as patient choice, trained clinicians, and appropriateness of the technique for the patient and incumbent innovations that have been invested in by the Trust.

The table below summaries the activity by Trusts in our region:

Trust/Activity	Procedures				Status
	Q1	Q2	Q3	Q4	
Oxford University Hospitals NHS Foundation Trust	6	13	3	7	
Royal Berkshire NHS Foundation Trust	5	5	12	5	
Milton Keynes University Hospital NHS Foundation Trust	0	0	0	0	Ongoing internal discussions regarding business case
Frimley Health NHS Foundation Trust: Frimley Park Hospital	15	26	17	20	
Frimley Health NHS Foundation Trust: Wexham Park Hospital	0	0	0	12	
Buckinghamshire Healthcare NHS Trust	0	0	0	0	First list due scheduled 7 <sup>th</sup> June

From 2019/20, UroLift is one of the Accelerated Access Collaborative Rapid Uptake Products identified by NHS England.

## INNOVATION/CHANGE MANAGEMENT TRAINING FOR FRONTLINE STAFF

### The Adopting Innovation and managing change in healthcare settings Programme

#### Background

The Adopting Innovation and managing change in healthcare settings Programme is designed to help healthcare professionals identify and introduce new ways of improving patient care and to teach them about innovation adoption/quality improvement and managing change within health care settings. This funding is to continue providing training for our regional NHS staff and has attracted Doctors, Nurses, HCPs and Managers.

#### Summary of 2018/19 Activity

The year opened with the start of the fourth cohort of the programme which brought the total engaged healthcare professionals to 96 in April 2018. New to this cohort is extending the eligibility to health professionals from social care, local authorities and general practice who are involved in delivering projects



requiring multi-organisation collaboration extending the reach and impact of the programme. This offering was also in effect for the subsequent cohorts. For this year a significant milestone was achieved with the first alumni event of the programme which was held in September 2019 at the Kassam Stadium in Oxford where previous students and clinical speakers shared their journey and successes with innovation adoption. During the programme, a number of projects presented by the students have demonstrated potential as National Innovation Projects that could be of interest to all AHSNs, and the Clinical Innovation Adoption (CIA) team will be making contact with these students to explore this. Closing out the year, two more cohorts were initiated (Cohort 5 and 6) bringing the total of engaged healthcare professionals to 154.

## Activities in Q4 and activities planned in the next quarter

30 healthcare professionals have joined cohort 6 and the students have progressed well with poster days held in December to share their project progress and to discuss barriers that they needed assistance with to overcome.

Continued high levels of interest from a wide variety of healthcare professionals is sustained and several professionals have already signed up for the upcoming cohort 7. Health Education England has agreed additional funding to continue the programme up until 2021.

ORGANISATION	COHORTS					TOTALS
	1	2	3	4	5	
Berkshire Healthcare NHS Foundation Trust	1	5	2	0	2	10
Great Western Hospitals NHS Foundation Trust	2	3	0	1	2	8
Milton Keynes University Hospital NHS Foundation Trust	1	1	0	0	0	2
Oxford University Hospitals NHS Foundation Trust	21	4	4	12	8	49
Oxford Health NHS Foundation Trust	1	3	4	6	4	17
Royal Berkshire NHS Foundation Trust	1	0	0	0	0	1
Buckinghamshire Healthcare NHS Trust	0	8	5	1	9	24
Frimley Health NHS Foundation Trust	0	0	4	1	0	5
CCGs/GPs/NHSE	0	1	1	3	0	5
*Cohort 6 (February 2019)						33
<b>Total Students Trained</b>						<b>154</b>

## INTERNATIONAL PROJECT PROGRESS

### European Market Access for Partners (eMaps)

#### Background

This is an online platform to support the life science industry and innovators to understand how the NHS and other health sectors work in other countries; its primary purpose is for preparing to access markets. The digital platform provides advice and information on key areas of market access including clarifying and testing value proposition, regulations and compliance, pricing and reimbursement, market structure, stakeholders and overall pathways for market access.

Information has been developed for UK, France, Spain, Netherlands, Sweden and Denmark and work has started during Q4 on Germany, Italy, Portugal and the US. The modules giving information about digital, medical technology and drugs within country's markets. This is an EIT Health KIC funded activity that is of benefit to the UK Life Science Market and others across the world.

#### **Activity in Q4**

- Kicked off activities with Portugal and Italy partners.
- German partner was unable to provide the required support however, plans underway to produce the required modules.
- Recruited a digital product manager to support and manage the platform updates, a customer service function and the marketing and engagement activity
- Recruited a consultancy to support the development of US market content.

#### **Activity in Next Quarter**

- Finalising the business and commercial models.
- Considering a name change.
- Plan to officially launch by the end of June.

## Strategic and Industry Partnerships

### Overview

The activities of the Strategic and Industry Partnerships (SIP) Programme was re-structured around government policy and was invigorated through extra funding in 2018/19 to increase capability and capacity, to support the evaluation and diffusion of innovative medicines, medical technologies and digital products. Innovation Exchanges are the new model of operation for the AHSN Network with overriding requirements for all 15 to be working in closer collaboration with one another and form stronger links with local and national partners, creating a stronger national and local support offer for promising innovation. Additionally, Julie Hart took on the role of Director of Strategic and Industry Partnerships following the departure of Nick Scott-Ram in September 2018. The SIP programme has been leading nationally on the evaluation of diagnostic technologies and the development of a digital health roadmap for innovators. As part of this expanded AHSN role, with increased capability and capacity, the SIP team has aligned its work with the Accelerated Access Collaborative and the requirements of the Office for Life Sciences to establish a network of Innovation Exchanges. The activities of the SIP programme were restructured during 2018/19 to deliver the four core functions that form the basis of the new OLS model of working through an Innovation Exchange model.

### The four core functions of the Innovation Exchange

**1a. Needs definition** – Transformation Lead (Vipul Modi) joined the SIP team in early 2019 to focus on understanding and articulating the needs of our local NHS and health and social care providers and commissioners through face to face meetings; feeding local needs and priorities into the wider SIP team; increasing AHSN support for commissioners, STPs and providers strategic activities; and identifying opportunities for the evaluation of digital, AI and diagnostic innovations and supporting evaluations by understanding the evidence requirements of the commissioners, STPs and providers for innovative medicines, medical technologies, diagnostics and digital products.

**1b. Communicating local priorities** - Digital Marketing Manager (Ruby Unwin) joined the SIP Programme office function in early 2019 joining Senior Programme Manager (Ashley Aitken) and Rochelle Nelson (EA to Julie Hart). Ruby's focus is on outbound communication, playing a key role in communication and diffusion with other AHSNs, national partners as well as regionally and nationally via networking opportunities and use of appropriate media; providing regular update to content for both "health and wealth oxford" and main AHSN website; and development of case studies from economic growth activities with diffusion via appropriate channels.

**2. Innovator support and signposting** – Lead Methodologist (Mamta Bajre) in conjunction with Methodologist (Ebenezar Effiang) used Oxford AHSN's Lean Assessment Process (LAP) to assess the clinical usefulness, benefits and acceptance of innovator technologies on patient outcome and on the NHS resources by using techniques based on human factors, decision analysis and health economics. The feasibility reports produced involved qualitative questionnaires and analysis was performed on perceived usefulness, stakeholder's importance and influence and Net Promoter Score. Where possible early economic evaluation was conducted to assess the economic benefit of the technology in the care pathway within NHS.

### Continuous monitoring of blood pressure and vital signs for post-operative patients

A feasibility study was conducted to explore the usefulness of a device for continuous non-invasive monitoring for blood pressure and vital signs for post-operative patients within progressive care units for the post-operative patients in the NHS setting. After the initial literature search, a high-level visual care pathway and identified key stakeholders for interview. The identified interviewees were presented with an information document to provide them with details on the test, scope, potential uses and the objectives of

the study along with the qualitative questionnaire documents. The monitoring device was demonstrated to stakeholders before the discussion for the questionnaires. The final report informed the result of perceived usefulness, stakeholder's importance and influence and net promoter score result along with the summary of questionnaire discussion. Early economic evaluation was conducted to assess the economic benefit of implementing in the progressive care unit within NHS.

#### **Blood or Saliva based test for Alzheimer's disease risk stratification**

A feasibility study was conducted to understand from stakeholder's perspective the potential impact of using biomarkers in their practice, clinical utility and potential value in assessing Alzheimer's disease risk stratification in patients with in NHS settings.

#### **Feasibility study for a rapid point-of-care HIV test in the sexual health clinics**

The LAP process was developed to align evidence generation with resources available at an early stage of a healthcare device development. A high-level care pathway was mapped based on the usefulness of the new device in the current care pathway. Early economic evaluation was conducted to assess the economic benefit of this new diagnostic in the care pathway at sexual health clinics within NHS.

#### **Precision dosing app for docetaxel in advanced prostate cancer**

A Stakeholder Engagement study was conducted to assess to potential barriers to adoption for a precision dosing app for docetaxel for prostate cancer patients. In testing the potential scenario, visual representations of the current care pathway and proposed care pathway were developed with the help of available literature.

#### **Budget Impact Models**

To produce the relevant models, we liaised with industry specialists and conducted a literature search to identify, assemble and collate relevant input data. The base case data for use of a point of care diagnostic in a paramedic setting based on Oxford AHSN real world evaluation. The BIM was built using various data sets to demonstrate the comparative incremental benefits of point of care (intervention) in the over 65 falls patients compared with the use of Ambulances Services (standard of care). One of the main outputs of the budget impact model is a business case, which presents the benefits of adopting a point of care system in a very simplistic and visual form. We have also met with emergency department and biochemistry specialists and conducted literature search to assemble the required data to develop a budget impact model for use of point of care blood testing in the emergency department. The final version of the second model should be ready once we have collected real-world data to test its accuracy and robustness.

**3. Evaluation in real world setting** - Head of Evaluation and Transformation (Guy Checketts) and Nadia Okhai (Project Manager) have been working on the generation of a real-world evidence package that can demonstrate system (including health economic benefit), patient and clinical benefit for diagnostics.

#### **Sarissa Biomedical**

Sarissa Biomedical was awarded an Innovate UK SBRI grant to the value of £2 million for a project entitled "Purines for rapid identification of stroke mimics" to evaluate their novel point of care SMARTChip purine assay in a paramedic setting. Until recently, the measurement of purines in biological samples has required extensive sample pre-treatment, followed by complex, time-consuming and expensive lab-based analytical methods. The SMARTChip enzymatic biosensor technology gets around these problems and ushers in the era of point of care purine measurement on whole blood samples. The sensor is an 8 mm x 50 mm x 1 mm ceramic strip with screen-printed electrodes. It is prepared for use with a calibration step prior to a finger-prick whole blood sample being applied to the end of the strip. Capillary action draws the sample on to the sensor. The sampling process is directed, monitored and controlled by the SMARTChip reader software with measurements taking approximately five minutes.

Oxford AHSN is now conducting an audit style service evaluation to assess the operational, logistical and financial needs and benefits to using the SMARTChip technology to rule out stroke mimics from entering

the stroke pathway. The project initiation document was presented to stroke clinicians at Buckinghamshire Healthcare and Oxford University Hospitals to gain clinical buy in and engagement to assess the fiscal impact. The point of care team at both trusts have also been involved in shaping the way in which the service evaluation is run. Stakeholders have favoured an audit style approach meaning that no clinical decisions will be made based on the test result. This will ensure that patient management remains under the current pathway, thus eliminating potential patient safety issues and retrospective development of appropriate safety netting procedures. The cut off values used for the test within each trust can also be determined after review, giving further confidence to stroke clinicians with the proposition of the test being used prior to patients entering the HASU. The pathway for stroke patients at Buckinghamshire Healthcare NHS Trust has been mapped and protocol with data capture form is being developed to commence the evaluation later in 2019.

### Mologic

An Innovate UK SBRI grant awarded to Mologic was for the development and evaluation of two tests centred around COPD. The first, a regular use home urine-based biomarker test to alert patients when they are having a COPD exacerbation (HeadStart), and second, a blood-based biomarker test to determine aetiology of the COPD exacerbation to stratify treatment options (RightStart). This work was presented at the Molecular Diagnostic Conference in Lisbon during 2018. The Oxford AHSN lean assessment process (LAP) was used to map the current clinical COPD exacerbation pathway. A literature search was performed to develop a questionnaire relating to HeadStart and interviews with key stakeholders from various Trusts and settings within the NHS were undertaken. This was to assess the feasibility of the test in its current stage and to determine future requirements to ensure clinical buy-in. The report highlighted key barriers to adoption and the potential changes needed to be made to the current pathway or supporting services to facilitate its adoption. The trial protocol is under development and information required from the trial to develop a business case has been communicated as being data on utility to the system and demonstrable fiscal impact.

### FebriDx

A new point of care test, FebriDx (RPS Diagnostics Inc, Sarasota Florida) has been introduced to the UK market. FebriDx can distinguish whether an acute respiratory tract infection (ARTI) is of bacterial or viral origin, and as such has implications in primary care or other areas where patients enter the healthcare system for service efficiency improvements, reducing referrals to secondary care due to diagnostic uncertainty and reducing antibiotic prescription. Starting in early 2019 and working closely with the manufacturer and clinical advisor, Oxford AHSN have identified and approached 6 sites across the region where the FebriDx test is considered to have the potential to deliver clinical benefit, with a view to undertaking a service evaluation to assess the impact of the test. The project has progressed rapidly with the protocol already approved for the lead site (a large GP practice) in March 2019, with a view to initiating the evaluation during April 2019.

### **Other diagnostics projects**

A service evaluation of point of care (POC) diagnostics (CRP and lactate using Abbot iStat and Horiba MicroSemi) within a large GP practice in Reading has progressed throughout 2018 and is due to conclude in April 2019. The aim of the evaluation is to demonstrate improvement in service efficiency and net cost reduction linked to reduced referrals into secondary care improved patient care pathways. A similar project looking at POC flu testing within secondary care, Buckinghamshire Healthcare NHS Trust, has resulted in the decision to adopt the test into standard clinical practice based on a cost saving of several hundred pounds per patient tested.

The early stage project looking at the diagnosis of acute coronary syndrome using magneto cardiogram (MCG) in acute secondary care has been placed on hold pending completion a several clinical trials. Initial feedback on the technology was positive but the need for additional clinical data and an improved understanding the fit of the technology alongside current diagnostic approaches was universally identified.

The use of remotely monitoring frail elderly people at home as a means of reducing hospital admissions within Oxford University Hospitals remains a valid need but delays in the local project has meant that the benefit is already being proved in other regions and other parts of the world where they have moved to adoption implementation, obviating the need to undertake the project locally.

**4. Adoption of innovation and diffusion** – Head of Evaluation and Transformation (Guy Checketts) has led on the adoption and diffusion locally of breakthrough diagnostic products evaluated in support of the Innovation Exchange activity.

#### **PIGF-based testing for suspected pre-eclampsia**

The project to drive adoption of placental growth factor (PIGF) based testing for suspected pre-eclampsia supports NICE Guidelines DG23 and has had a very productive and successful year. Three hospitals in the Thames Valley region, the first in the country, have now adopted the test into standard clinical practice and it has been selected onto both the Accelerated Access Collaborative (AAC) and Innovation Technology Payment (ITP) programmes for 2019, providing additional funds to help drive national adoption. As such the AHSN network is now aligning itself to support national roll out. Oxford AHSN has become the lead AHSN and lead AAC partner for supporting this next phase. The project was nominated for, and won, a Health Service Journal (HSJ) award for the “Best Healthcare Provider Partnership” category in March 2019 in conjunction with Roche Diagnostics. Successful adoption has only been enabled by the close working partnerships that have been developed by the various stakeholder groups involved, including the Oxford Maternity Patient Safety Network, the Local Maternity System, Clinical, Laboratory and Finance partners in each hospital Trust, Oxford AHSN as well as the manufacturer themselves. PIGF-based testing for suspected pre-eclampsia has had increasing exposure in the national arena over the last 12 months, with presentation by both leading clinicians and Oxford AHSN at various conferences, radio broadcasts on health programs and news bulletins, and participation by Oxford AHSN at a round-table discussion to inform policy thinking at the House of Commons. Support for the area has been further increased from industry by the launch of new test, the Triage PIGF test by Quidel Corporation, as an alternative to the Roche Elecsys sFlt-1/PIGF ratio test that was only previously available.

#### **Faecal Calprotectin testing - supporting the York pathway**

Faecal calprotectin (FCal) testing is a project aimed at introducing a new and improved clinical pathway to provide patients in primary care with a quicker and more accurate diagnosis to better distinguish between Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD). This will allow them to receive the most appropriate treatment in a shorter timeframe, help to reduce the number of (unnecessary) secondary care referrals and free up capacity in gastro for patients referred with a suspicion of bowel cancer (2 week wait). The project is based on a revision to an existing pathway under NICE Guidelines DG11 following clinical work undertaken by Dr James Turvill from York Teaching Hospital NHS Foundation Trust and Yorkshire and Humber AHSN, which introduces a revision to the diagnostic cut-offs and a prioritisation of referrals. Four Clinical Commissioning Groups in the Oxford AHSN region have so far been engaged to ascertain the relative priority of gastro pathways within their regions, with a view to adopting the new pathway. The first group of GP surgeries from the Aylesbury Vale CCG adopted the York FCal pathway at the end of 2018 with the support of their local pathology labs. A report on the impact of the new test on both their patients and the efficiency of the service will follow, with a view to complete roll out across the region later in 2019. Berkshire East CCG implemented their own version of the York pathway early in 2019, driven by a desire to improve both service efficiency and patient outcomes; they have revised the diagnostic cut-offs and introduced prioritisation of referrals and are evaluating other diagnostic tests with a view to further updating their pathway and moving closer to the York pathway in the future. Oxford AHSN has subsequently recommended this pathway for adoption to Berkshire West CCG as both CCG’s share the same pathology network. Oxfordshire CCG is currently assessing the priority of introducing a new FCal pathway before deciding on how to proceed.

## **IBD Programme**

Programme Manager (Marianna Lepetyukh) has led the delivery of an industry-funded programme for Inflammatory Bowel Disease (IBD) focused on implementing real time data collection, patient reported outcomes and IBD ICHOM standards in to improve patient care. Following the roll out of the TrueColours platform in Oxford in June 2018 the IBD Programme has continued successful recruitment and training of patients with Ulcerative Colitis and from February 2019, Crohn's Disease. This real time digital data collection technology is now a component of clinical care in the Oxford IBD service. Each patient, with Ulcerative Colitis and Crohn's Disease seen by the Oxford IBD service is offered the chance to register with the TrueColours IBD programme. Once registered, the patient receives email prompts that link to independently validated questionnaires. There were 534 patients recruited for the period June 2018 to March 2019. Collected data on 342 UC patients recruited for the period June to December 2018 demonstrated feasibility and capability of the platform with 84% adherence rate. Two abstract papers were published and submitted to ECCO in November 2018. Continued work with the IBD service is on-going to further validate the TrueColours UC (TCUC) Escalation of Therapy or Intervention (ETI) calculator in an IBD outpatient clinic setting to support the IBD service demand and capacity management. On-going support of the IBD service improvement initiatives is in accordance with the Trust's strategic priorities (e.g. reduce waiting time, reduce unnecessary out-patient appointments, monitor patients better). TCUC has been shortlisted for BMJ nomination for digital innovation award.

## **Supporting the Innovation National Networks through SIP**

The activities of SIP were also restructured to align with the four of the nine Innovation National Networks (INNS) under the NHS England re-licensing process and our shared priorities across the AHSN network were:

**5: Stimulating economic growth through the Innovation Pathway and the Innovation Exchange** - Head of Commercial Development (Nicki Bromwich) supported by Project Manager (Flora Hatahintwali) have focused on supporting the strategic working agreement with J&J. Meetings have taken place to explore a new therapeutic for treatment resistant depression and how Oxford AHSN can support the market access plan. A proposal has been accepted for Oxford AHSN to evaluate the potential use of the product, as well as to lead a collaborative project across the AHSN network.

Oxford AHSN also provided support to an SME Ufonia as part of an Innovate UK Digital Health Catalyst feasibility grant (£75K) and subsequently a wave three Digital Health Technology Catalyst (DHTC) grant (£666,796). Ufonia provides automated, autonomous telephone-based clinical follow-up. Oxford AHSN partnered with Ufonia in both successful Innovate UK bids and encouraged Ufonia to apply to the Bucks HSC Ventures programme and Ufonia successfully participated in cohort one. Oxford AHSN also introduced Ufonia to Bucks Healthcare NHS Trust who agreed to partner as part of the DHTC grant and as a result Ufonia will be rolled out capture patient reported outcome measures post cataract surgery, and Oxford AHSN will carry out the health economic evaluation.

**6: Transforming digital health and maximising the potential of artificial intelligence (AI)** - Transformation Lead (Vipul Modi) joined in early 2019 and has been working on identifying Med Tech and digital innovations for testing or adoption across all three healthcare settings: primary care, community and secondary care. As part of this work stream Vipul is supporting the National Consortium of Intelligent Medical Imaging (NCIMI) led from Oxford University. Through NCIMI, Oxford AHSN is working with world-leading experts and clinical partners from several parts of the country to address challenging unmet needs in cancer, heart disease and metabolic health. Funding of £10 million will be provided to the Consortium through the Government's Industrial Strategy Challenge Fund with a further £5 million from industry partners.

**7. Working with researchers and research funders** - Informed by the results of the AHSN Network's 2018 survey, which identified local NHS research and innovation needs, Transformation Lead (Vipul Modi) has started to identify research outputs that could be rapidly implemented.

**8. Support clinical and commercial innovators** - Head of Commercial Development (Nicki Bromwich) supported by Project Manager (Flora Hatahintwali) have focused on the supporting 2 ERDF funded projects to support clinical and commercial innovators.

### **Buckinghamshire Life Sciences Innovation Centre**

In Q1 a European Regional Development Funding (ERDF) grant (£750K) was awarded to the Bucks Health and Social Care (HSC) Ventures to run an SME support programme within the Buckinghamshire Life Sciences Innovation Centre (BLIC). Buckinghamshire Thames Valley Local Enterprise Partnership (LEP) also awarded £1.3 million Local Growth Funding (LGF) to enable refurbishment of space at both at Bucks New University in High Wycombe and at Buckinghamshire Healthcare NHS Trust's Stoke Mandeville site in Aylesbury. Both grants are 50% match funded by the 5 delivery partner organisations, Bucks New University, Buckinghamshire Healthcare NHS Trust, Buckinghamshire County Council, Buckinghamshire CCG and Oxford AHSN making a total inward investment of £4.2 million in Buckinghamshire. The Head of Bucks HSC Ventures was appointed to oversee the programme, supported by a project manager and a project assistant. A successful launch event was held in September 2018 and was well attended by all delivery partners, NHS and industry stakeholders. In the first call, 22 applicants were received and 6 SMEs (five digital and one med-tech) were selected to participate in the first cohort programme. The 6-month programme provides SMEs with access to staff within the NHS and social care who can advise them on aspect of developing their business and development of their business case to access the market. SMEs have received 1:1 support, and have participated in monthly peer support meetings, Lean Strategyzer workshops and master classes.

The first six SMEs to be supported were:

- Ufonia – web platform; autonomous, automated telephone-based clinical follow up
- CareHound – mobile app; tool supporting older people, families, carers and service providers to navigate the health and social care system
- Trust on Tap – web-based portal; connecting carers and families in arranging care for a loved one
- Home Check – digital application; multi-point home assessment to support needs now and later in life
- PEPS – system software; analytics tool to support emergency departments and individuals to improve patient safety, patient quality and staff productivity
- Spang Group – surgical product; biodegradable surgical retractors

### **The Hill**

The Hill is a digital health innovation community situated in the Bio escalator at the heart of Oxford's medical, academic, technical and entrepreneurial communities and extending reach beyond Oxford to support digital health innovators. The Hill is funded by the European Regional Development Fund (£571K) as part of a match funded Innovation Support for Businesses partnership between Oxfordshire County Council, Oxfordshire LEP, Oxford University, Cherwell District Council, Oxford City Council and Oxfordshire University Hospitals NHS Foundation Trust. A programme director and a digital innovation officer have been appointed, and Oxford AHSN supports The Hill at Board level, via a project manager who works with the Hill team two days per week. The Hill runs a series of monthly networking events and workshops covering topics such as user centred design and IP, supported by Oxford AHSN.



## **Creating sustainability for the SIP team through Market Access activities**

Head of Market Access (Andrew Stainthorpe) joined in November 2018 with the aim to develop a Market Access service to partners and clients in health product/service industries, to enable companies to bring innovative technologies into the NHS. SIP has invested in building a team to deliver a range of consultancy services and build a portfolio of clients (partnerships). In anticipation of the launch in mid-2019, SIP has been developing both capability and capacity to deliver in service areas relevant to clients developing value propositions for new products and services, which they are bringing to the NHS. The Market Access team reporting to the Head of Market Access are as follows, those with an asterisk have been recruited and will join in the next financial year.

- Lead Methodologist (Mamta Bajre)
- Methodologist (Ebenezar Effiang)
- Methodologist (Gareth Hooper\*)
- Methodologist (Aideen Ahern\*)
- Analyst / Project Manager (Mina Moawad)
- Business Development Lead (Samir Khan\*)

The business strategy is based around securing project work with industry clients within the terms and conditions of the AHSN and developing commercial (costs plus) services for industry. The scope of the service offering includes all products and services, which have potential application in health, to include medicines, medical devices, diagnostics, digital applications and other health-related services. During 2018/2019 the developing Market Access team engaged with several clients in health, with respect to potential market access projects for products including new medicines, medical devices, diagnostics and digital applications and were working in responsive, active mode and partnership approaches as defined below:

- Responsive – to work with clients who approach the SIP team (and in future Cogentis) to deliver product related views and perspectives (market access)
- Active business development - to approach clients on behalf of SIP (and in future Cogentis) to develop proposals to deliver product related views and perspectives (market access) either in response to Requests for Proposals (RfPs) or to co-create a project with the client during a project discussion.
- Partnership approaches were used in the co-develop of proposals with companies and other parties for projects around company products which were to be submitted to grant awarding bodies such as the European Institute of Innovation and Technology (EIT) Health.

## Research & Development (R&D)

The R&D programme supports the development of capability, capacity and collaboration across the NHS and the Universities to make the region a more attractive place for research to improve healthcare locally and nationally.

The R&D Oversight Group is chaired by Joe Harrison, Chief Executive of Milton Keynes University Hospital. The primary focus of the group is to share information about R&D across the Network and its partners. The group draws upon expertise from regional clinical, academic and commercial partners with time commitment being the main resource contributed from external sources. The group is led by the Oxford AHSN CEO and has a small budget for managerial support. The group includes other regional infrastructure, for example, the NIHR, CRN, CLAHRC (ARC), regional Clinical Trials Units and Biomedical Research Centres.

The June 2018 R&D Oversight Group committee was the final meeting chaired by Stuart Bell with representation from Buckinghamshire New University, Buckingham University, Open University, University of Reading, Oxford Brookes University, Berkshire Healthcare, Milton Keynes University Hospital and the South Central Research Design Service. Gary Ford opened the meeting with the Chief Executive's summary which was followed by Sean Mackney updating the group on Buckinghamshire New University's Research and Enterprise agenda for partnership growth and development, introducing its enterprise, engagement, innovation and applied research, along with the approach and strategic opportunities moving forward. Lesley Baillie (Open University) followed, speaking on the Professional Doctorate in Health and Social Care and their delivery through international Affiliated Research Centres and plans to develop the scheme further. Finally, Sophie Hyndman (South Central Research Design Service) explained the background to the RDS, its role and the services it can provide.

The November 2018 R&D Oversight Group meeting was the first chaired by Joe Harrison, Chief Executive Officer of Milton Keynes University Hospital, taking over the chair from Stuart Bell, Chief Executive Officer of Oxford Health. Following the Chief Executive update, given by Prof Gary Ford, presentations were made by the University of Buckingham and the Royal Berkshire.

John Clapham, Chief Operating Officer from the University of Buckingham, gave an update on the University, its Medical School, including how it runs on an independent funding model, and the School of Postgraduate Medicine and Allied Health of Buckingham and what it has to offer and the changes that have been made to the curriculum programmes. The number of student applications for the University was increasing.

Atul Kaplia, Consultant Anaesthetist and Director of R&D at the Royal Berkshire Hospital, rounded off the agenda with a presentation on the history of R&D at RBH, performance as a District General Hospital in the Clinical Research Network, and collaborations with the University of Reading including the Thames Valley Clinical Trials Unit, collaborative research and education initiatives and the roadmap towards bringing a Medical School to Reading.

The most recent, February 2019, R&D Oversight Group meeting, commenced with Gary Ford giving the Chief Executive's summary which was followed by a presentation from Sara Ward, Senior Manager NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Oxford, introducing and providing an overview of the Applied Research Collaboration (ARC) application submitted to NIHR to the group. The bid for an Oxford and Thames Valley NIHR Applied Research Collaborative, hosted by Oxford Health was submitted by Richard Hobbs, Head of Department, Nuffield Department of Primary Care Health Sciences, University of Oxford. The ARCs follow on from the existing CLAHRCs whose funding ends 2019. Professor Ford will be the implementation lead for the ARC if successfully funded. Key points included:

- The CLAHRCs are currently coming to the end of their second five year programme with the Thames Valley CLAHRC, hosted by Nuffield Department of Primary Care, University of Oxford, having been funded in the second round in 2013.

- The ARCs are replacing CLAHRCs for the next five years of funding, as regional research infrastructure for applied health research, with a greater emphasis on building public health and social care research capacity using partnership with relevant Universities and health and care services. ARCs are expected to also show strong partnership working with public health and social care practitioners.
- A regional structure is needed for health research implementation as historically neither single centre or national approaches alone have been successful at achieving national spread of innovation and best practice.
- There are opportunities for the Thames Valley AHSN partners to engage with the ARC through the AHSN R&D Oversight Group and the group discussed the mechanisms by which the regional partners could contribute to ARC plans.

The R&D group is well placed to facilitate the development of partnership work within the ARC, given its membership of regional Trusts and HEIs, assuming the bid is successful. In parallel, options will be discussed with the partners for whether support can be provided to develop capacity in social care and public health research, and advise on the use of the apprentice levy, to support workforce training.

Following on from the NHSE/NIHR paper “Twelve actions to support and apply research in the NHS” (November 2017) a main objective for the R&D group, through Gary Ford (Oxford AHSN CEO) and Louise Wood (Director of Science, Research and Evidence, Department of Health and Social Care), has been on a joint NIHR/NHS England research needs survey to identify the local research and innovation needs of the NHS. Coordinated by Oxford AHSN and undertaken by ComRes, over 260 survey responses were received and 62 interviews took place. Following this survey, the top three NHS Research needs were identified as frailty/multi-morbidity, mental health and use of digital/artificial intelligence technology. Statements of research and innovation needs will be drafted and discussed with patients and the public and local stakeholders to help shape future research and innovation programmes, and identify areas where more dissemination or research evidence would be helpful to the development of health and social care services.

The “Twelve actions to support and apply research in the NHS” paper and the consultation on Excess Treatment Costs that followed, resulted in the Thames Valley and South Midlands Clinical Research Network reviewing the national processes with the intention of aligning. NHS England and the NIHR are working together to develop a new system for attributing ETCs which will be implemented by the Research Networks, working closely with Chief Investigators.

The NIHR Academy has announced six new ‘incubators’ to build research capacity in primary care, public health, social care, health data science, nursing and emergency care with the aim of attracting professional groups where research capacity is low, including nurses, pharmacists and social scientists, and to break down barriers to career progression, especially for women. The incubators will build capacity in under-represented sectors such as primary care, public health and social care, and upskill the research workforce in disciplines such as bioinformatics and data science.

A number of events have taken place over the course of the year, either involving and/or hosted by the Oxford AHSN or involving a number of the R&D group partners. Highlights include:

- Berkshire Healthcare R&D Group hosted a “Research Collaborations for Better Patient Care” conference at the University of Reading, which was attended by ~120 delegates from Trusts and Higher Education Institutions across the Thames Valley and beyond. The keynote speaker was Jonathan Sheffield, Chief Executive Officer, NIHR Clinical Research Network, and the three sessions were based on “Improving lives through research”, “Collaborating for research” and “Clinical research is the future” with a diverse range of speakers from the Health Research Authority, Berkshire Healthcare, the University of Reading, the Thames Valley Clinical Trials Unit, Oxford University Hospital Trust and an engaging “Research Blast” forum showcasing the wide range of work being carried out by researchers from across the Thames Valley Universities and NHS Trusts.

- The Thames Valley Health Research Awards were held on 26th September at the Old Town Hall in High Wycombe. Hosted by the Thames Valley and South Midlands NIHR Clinical Research Network, the awards recognise the contributions of healthcare and research staff who support the CRN to deliver research in the NHS in Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire. The event, now in its third year, recognises researchers, nurses and doctors from across the region who provide significant contributions to research supported by the CRN. A strong field of applications were submitted, with a good spread of representation in the winners and highly commended categories from Trusts and CCGs across the region along with the CRN staff.
- On 28th September, Buckinghamshire Healthcare, again supported by the Clinical Research Network, hosted the 7th annual regional cardiovascular symposium “Research and Innovation with the Life Science Industry” at Missenden Abbey. Speakers included representatives from the Trusts and Higher Education Institutions across the region, alongside industry speakers and CRN commercial partnership experts.
- The NIHR’s contribution to urgent care research in the Thames Valley and Wessex was celebrated at an event in Basingstoke on 31 October. The Thames Valley & South Midlands and Wessex CRNs held the annual Celebrating Urgent Care Research event at The Ark Conference Centre featuring presentations from nine invited speakers, and 11 authors of free papers selected following a call for abstracts. The range of topics covered was wide including discharge from ICU, the rising number of traumatic brain injured patients and the role of the Thames Valley Air Ambulance in cardiac arrest. Broad regional representation and lively discussion made the event a success, widely recognised by the delegates.
- The Oxford AHSN Patient Safety Collaborative launched “Thames Valley Reporting Excellence (TREx)”, a community and network of healthcare professionals and researchers who Champion Excellence Reporting at the University of Reading on 15th October. The event was attended by over 100 delegates, bringing together clinicians, managers and academics, to promote Excellence Reporting as a mechanism for creating new opportunities for learning and improving healthcare. Initially developed by Adrian Plunkett at Birmingham Children’s Hospital, excellence reporting adoption is being implemented widely. A key aspect of the Thames Valley group is a collaboration between the Royal Berkshire and the University of Reading (School of Psychology and Clinical Language Sciences). The team is interrogating the rapidly accumulating data, which was reported at the event alongside national speakers in the area from both NHS and unrelated areas, which brought a diverse range of perspectives.
- On 25th January, more than 100 healthcare staff supported by the National Institute for Health Research (NIHR) attended the Fourth Annual Primary Care Research Symposium hosted by the NIHR Clinical Research Network Thames Valley and South Midlands (LCRN). Delegates included strong representation from the AHSN R&D group partners. Presentations included topics such as weight loss programmes to treat type 2 diabetes and how to combat resistance to antibiotics alongside national CRN speciality lead for primary care, Professor Philip Evans, who gave a presentation on the current state of primary care research. Researchers from Oxford Brookes University, University of Nottingham and University of Oxford gave five-minute pitches encouraging GPs to run their studies at their practices and the day was rounded off with workshops on topics such as how missing and inaccurate data can affect trial results and working as a research nurse in a GP practice.

## Patient & Public Involvement, Engagement & Experience (PPIEE): 2018/19 Q4

The PPIEE Programme continues to work to spread best practice and develop innovation in working between patients, professional, carers and the public through helping to embed lay involvement and the use of coproduction and experience by:

- Oxford AHSN programmes and projects;
- national AHSN programmes;
- building capacity in our partner organisations across the Thames Valley.

This work is demonstrated clearly in our joint work such as the Leading Together Programme.



### Governance and partners

We undertook an evaluation of both our Oversight Group and Operational Group, surveying the membership of both Groups, members agreeing the utility of the meetings. As a result, we have agreed new terms of reference the Operational Group with our partners from NHS England, the Clinical Research Network (CRN), the Oxford CLAHRC and the two local Biomedical Research Centres (BRCs). The work of the Group now has four defined areas of mutual work: Communication and Engagement; Recording and Impact; Diversity and Inclusion and Education and Training. We have negotiated a Memorandum of Understanding with our partner organisations to pool funding to support our training and development programme going forwards. We have designed and agreed a joint *Working Together* logo to brand our joint work.



We continue to appoint lay partners to key committees and governance structures through a formal selection process including developing a role description and interview. We now have lay partners on all our programme Oversight Groups and on the steering groups of the Sleepio Project and the Emergency Laparotomy Collaborative.

We have also created a new category of appointment – lay associates – who can be called on to support our work.

The first meeting of this new network was held in May and attended by nine partners from nine organisations. It will continue to meet in 2019/20.

### [Training and development](#)

We continue to develop and run a successful series of workshops for patients, carers, professionals and the public. In 2018/19, we ran four events covering writing for lay audience and approaches and techniques for patient and public involvement. We continue to emphasise having a mixed audience of professionals and lay people and receive consistently good feedback.



### [Networking in Aylesbury PPI Approaches and Techniques Workshop](#)

We have agreed a co-funded programme of five one-day workshops for 2019/20 with funding contributions from NHS England, both local BRCs, the CLAHRC and CRN. The AHSN will coordinate this programme going forwards.

In conjunction with the Oxford Empathy Programme, we have run two Empathy in Practice workshop one locally and one at the Royal Society of Medicine (RSM).

### [The Leading Together Programme](#)

We received funding from HEE to develop and deliver an innovative adaptation of our leadership programme for people with learning disabilities and the professionals that work with them. We coproduced the programme with our partners TPC Health, the local advocacy organisation, My Life, My Choice and Oxford Health. Ten participants, half people with a learning disability and half professionals completed the three one-day workshops and coproduced projects. These were presented at the celebrating success event in November at Majeski Stadium. An independent evaluation carried out alongside the project showed the achievement of its aims and the positive experience of participants who continue to work together.





*[The Leading Together Learning Disabilities Pilot Participants](#)*

### **Conferences**

We will be running an RSM conference on Empathy in Healthcare in the autumn of 2019.

We have also agreed joint funding with Health Education England for a conference in May 2019 on person-centred approaches in care, research and education.

### **Innovation in involvement**

#### **Impact and recording of patient and public involvement activities**

We have completed development of our recording and impact tool and will be launching this at a workshop in April 2019.

#### **Thames Valley and Surrey Local Health and Care Records Partnership (TVS LHCR)**

We helped to develop and write the PPIEE components of the successful Thames Valley and Surrey Local Health and Care Records Partnership (LHCR) bid. We have agreed a funded programme of work with the LHCR and National Voices to embed coproduction going forwards. This has included ensuring lay involvement in the recent digital platform procurement, mapping communication and engagement activities and reviewing national and international literature to support the work.

### **National work**

We continue to support national PPI activities through active involvement in the AHSNs' PPI Network and current chairing of these meetings for the past and coming year. This has included presenting to the AHSN MDs and running a workshop on PPI for the national Patient Safety Collaborative and AHSN PPI leads.

## Stakeholder Engagement and Communications

Throughout 2018/19 the Oxford AHSN strengthened its reputation for bringing partners together to support innovation and improvement in healthcare. We continued to develop the breadth and depth of this engagement with stakeholders on a regional, national and international level. We have aligned our workstreams with the priorities of the new NHS Long Term Plan and the requirements of our national commissioners, as well as the needs identified by our local NHS partners. We work with other AHSNs and the overarching AHSN Network on our collective national programmes and at every other opportunity.

The success of our collaborations with the NHS, industry and research was reflected in several significant awards. These are listed below. They include recognition from the National Institute for Health and Care Excellence and various HSJ awards including, most recently, the HSJ Partnership Awards where our collaboration with Roche Diagnostics to introduce a new test for pre-eclampsia into maternity units was the [winner of the 'Best Healthcare Provider Partnership'](#) category.

We share our experience, expertise and connections to meet the needs of our partners across the NHS, industry and research every day. On average every month about 100 people are brought together by the Oxford AHSN for wide-ranging discussions including shared learning events where the agendas are set by frontline clinicians. Some of these are listed below. You can read more about them [here](#). This nurse's feedback is reflective of many others:

*"Thanks for the stakeholders meeting – it was a first for me ... I found it very interesting and informative"*

In addition to our own events, Oxford AHSN staff contributed to many other local, regional, national and international events. We are also embedded within our regional healthcare systems, fully engaged with our integrated care systems, sustainability and transformation partnerships and other collaborations created to deliver better patient outcomes and experience.

As well as the targeted engagement outlined above, we also have several established mechanisms for wider engagement. We continue to publish our monthly newsletter with the 60<sup>th</sup> edition appearing in December 2018. It has around 1,300 subscribers. Sign up here: <http://j.mp/OxfordAHSNnews>

In Q3 we published a summary report of the AHSN's first five years: <http://bit.ly/1st5yrs>

Our web content is regularly updated at [www.OxfordAHSN.org](http://www.OxfordAHSN.org), [www.patientsafetyoxford.org](http://www.patientsafetyoxford.org), [www.clinicalinnovation.org.uk](http://www.clinicalinnovation.org.uk) and [www.healthandwealthoxford.org](http://www.healthandwealthoxford.org). A new section was created to showcase the best examples of our impact: <http://bit.ly/AHSNimpact>. Collectively these websites received almost 100,000 visits in 2018/19. More of our case studies were also added to the national AHSN Atlas website: <http://bit.ly/AtlasOxfordAHSN>

The [@Oxford AHSN](#) Twitter account now has more than 4,600 followers. The account generated more than 400,000 impressions during 2018/19. We launched a new Twitter account linked to the Oxford AHSN's mental health activities ([@MH\\_OxfordAHSN](#)), while the Patient Safety Oxford ([@PS\\_Oxford](#)) reached 1,000 followers.



**Events coordinated by Oxford AHSN, Q4 2018/19 and into 2019/20**

<b>January 2019</b>	Sleepio primary care briefing	Free NHS online sleep support explained
<b>February 2019</b>	Maternity shared learning  Working Together effectively	Latest meeting of regional network (93 attendees)  Latest patient and public involvement event
<b>March 2019</b>	Emergency laparotomy collaborative Emergency department collaborative Paediatric gastrostomy and long-term ventilation	Second meeting of new regional network  Latest meeting of regional network  Two meetings attended by more than 80 people in total
<b>April 2019</b>	Working together – records and impact Mental health frequent attenders in ED	Latest patient and public involvement event  Meeting of emerging network
<b>May 2019</b>	Innovation in person-centred approaches	PPI focus, national speakers

## Key publications 2018/19

<b>Guide to the AHSN Network</b>	2018 Impact report - all
<b>Responding to NICE – developing a regional sepsis pathway</b>	Oxford PSC paper published in ClinMed, the Journal of the Royal Colleges of Physicians, June 2018
<b>Oxford AHSN Q4/Annual Report</b>	All
<b>Oxford AHSN Q1 Report</b>	All
<b>Learning Together – fostering a partnership of collaboration</b>	All with Health Education England and Thames Valley Strategic Clinical Network
<b>Our urgent clinic improved same day access while freeing up GP time, Pulse Today</b>	Clinical Innovation Adoption
<b>Do portable nursing stations within bays of hospital wards reduce the rate of inpatient falls?</b> Research paper published by British Geriatrics Society	Clinical Innovation Adoption
<b>Oxford AHSN Q2 Report</b>	All
<b>The first five years – Oxford AHSN review 2013-2018</b>	All
<b>Oxford AHSN Q3 Report</b>	All
<b>Anticoagulation: supporting safe and optimal primary care prescribing in a rapidly changing field,</b> British Journal of Haematology, March 2019	Clinical Innovation Adoption

## Awards won 2018/19

<b>NICE Shared Learning</b>	Good Hydration! Oxford Patient Safety Collaborative care home initiative
<b>HSJ Patient Safety Awards – Quality Improvement Initiative of the Year</b>	Good Hydration! initiative
<b>HSJ Awards – Enhancing care by sharing data and information</b>	Patient Safety and Clinical Improvement. New NHS national dashboard to identify sepsis. Collaboration including Oxford AHSN shortlisted as one of the finalists
<b>HSJ Partnership Awards – Best Healthcare Provider Partnership</b>	Strategic and Industry Partnerships in collaboration with Roche Diagnostics for introducing new test for pre-eclampsia into maternity units

## Appendix A - Risks Register & Issues Log

### Risks Register

#	Prog	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioner universities and industry.	Low	Med	> 6 -12 mon	Stakeholder and communication strategy for the AHSN  Each project has an engagement plan, including patient involvement.	AHSN Chief Executive	Programme SROs	06-Sep 13	Ongoing	AMBER
2	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Low	Med	> 6--12 mon	NHS England has re-licensed all AHSNs. NHSI and OLS have confirmed funding to March 2020.  Actively pursuing industry partnerships and grants.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul 14	Ongoing	AMBER
3	Oxford AHSN Corporate	National Programmes delivery		Med	Med	>6 12 mon	Robust engagement plans in place.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	19-Feb 18	Ongoing	Amber

### Issues Log

#	Programme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date	Status	Date Resolved
2	Oxford AHSN Corporate	Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN	Minor	Culture	Overarching comms strategy.  Level of engagement monitored across all programme and themes.  Website refreshed regularly visits per month increasing.  Twitter followers and newsletter subscribers increasing.  Oxford AHSN stakeholder survey.  Quarterly report sent to all key stakeholders.  Electronic Newsletter to stakeholders.  Oxford AHSN organise and participation stakeholder events.  Participation in ICS and STPs.	AHSN Chief Operating Officer	Head of Communications	19 Jan 18	90% complete	

## Appendix B - Oxford AHSN case studies published in quarterly reports 2013-2019

Quarterly report	Case study summary	Programme/Theme
Q3 2018/19	AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs	Strategic and Industry Partnerships
	Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services	Strategic and Industry Partnerships
	Patient forum helps improve NHS services for people with anxiety and depression	Mental Health
Q2 2018/19	Healthcare tech company's expansion and Stock Exchange listing enabled by Oxford AHSN expertise	Strategic and Industry Partnerships
	Unique point of care blood test speeds up clinical decision-making improves quality of care and reduces costs	Strategic and Industry Partnerships
	AHSNs come together to create new sepsis identification tool	Patient Safety and Clinical Improvement
Q1 2018/19	Spreading best practice in dementia through webinar programme	Mental Health
	Establishing networks to improve patient care in early inflammatory arthritis	Clinical Innovation Adoption
	Supporting life science companies and entrepreneurs to access healthcare markets	Clinical Innovation Adoption
Q4 2017/18	Showcasing developments in NHS MSK, falls, fracture and frailty services	Clinical Innovation Adoption
	Improving detection and management of AF	Clinical Innovation Adoption
Q3 2017/18	Digital Health Roadmap published to guide digital health developers	Strategic and Industry Partnerships
	Reducing urinary tract infections in care homes by improving hydration	Patient Safety
	Stillbirth prevention - Oxford Growth Restriction Identification programme saves a life	Patient Safety/Best Care: Maternity

Q2 2017/18	Point of care test evaluation points the way to quicker diagnosis of common childhood illnesses	Strategic and Industry Partnerships
	Oxford AHSN insights on digital health feed into key report on Oxfordshire's tech cluster	Strategic and Industry Partnerships
	Defining and measuring suspicion of sepsis	Patient Safety
Q1 2017/18	Improving patient outcomes following high-risk surgery through better use of technology	Clinical Innovation Adoption
	Improving return rates to psychiatric wards	Patient Safety
	The Hill – putting innovation at the heart of healthcare in Oxford	Strategic and Industry Partnerships
	Improving the care and life chances of young people who develop psychosis through effective early intervention	Best Care (Early Intervention in Psychosis)
Q4 2016/17	Digital health initiative leads to better monitoring and fewer hospital visits for women who develop diabetes during pregnancy	Clinical Innovation Adoption
	Better data sharing through regional information governance framework	Informatics
	Catalysing innovation and driving economic growth in Buckinghamshire	Strategic and Industry Partnerships
	Lives of more premature babies saved through improved referral pathways	Best Care (Maternity)
Q3 2016/17	Promoting workforce health and wellbeing through our Get Physical initiative	Corporate
	Improving detection and management of atrial fibrillation (AF)	Clinical Innovation Adoption
	New standard measures to improve care for patients with IBD developed by international collaboration	Wealth Creation
	Leading together – patients and professionals take a collaborative approach to solve health issues	PPIEE
	Better network-wide data sharing improves patient care	Best Care (Maternity)
Q2	Digital survey results	Wealth Creation

2016/17		
	Imaging patient info films	Best Care
	Sustainability project	Wealth Creation
Q1 2016/17	Bicester healthy new town	Wealth Creation
	Children's immunisation	Best Care
	Perinatal SHaRON	Clinical Innovation Adoption
Q4 2015/16 (annual report)	Memory clinic accreditation update	Best Care
	Meds optimisation CBT programme	Best Care
	AWOL project	Patient Safety
	J&J collaboration	Wealth Creation
	CAUTI project	Clinical Innovation Adoption
Q3 2015/16	EIP data-based approach	Best Care
	Leading Together programme starts	PPIEE
	Get Physical event review	Corporate
Q2 2015/16	Targeted medicines support	Best Care/Patient Safety
	Memory clinic accreditation	Best Care
	IPC stockings	Clinical Innovation Adoption
	Alumni Summit review	Wealth Creation
Q1 2015/16	A&D recovery rates	Best Care
	Pre-term birth location saves lives	Best Care
	In2vu data visualisation	Informatics
Q4	GDm remote monitoring	Clinical Innovation Adoption

2014/15 (annual report)		
	IOFM benchmarking	Clinical Innovation Adoption
	Sustainable energy	Wealth Creation
Q3 2014/15	Developing patient leaders	PPIEE
	CFT – heart attack test	Wealth Creation
Q2 2014/15	Memory clinics	Best Care
	Managing acute appendicitis	Best Care / Patient Safety (PSA)
	A&D recovery	Best Care
Q1 2014/15	Dementia network launch	Best Care
	Medicines optimisation launch	Best Care
	Wealth creation explained	Wealth Creation
	GDm remote monitoring	Clinical Innovation Adoption
Q3 2013/14	App development route map	Wealth Creation
	2023 Challenge	Wealth Creation

Updated: April 2019