



# Oxfordshire Locality meeting

Wednesday 18 December 2013

John Eccles House,  
Oxford Science Park

5.30 to 7.45 pm



# Programme

Time	PROGRAMME FOR THE OXFORDSHIRE LOCALITY MEETING
	<b>18 DECEMBER 2013</b>
17.00 – 17.30	Arrivals: tea and coffee: 2 <sup>nd</sup> Floor John Eccles House
17.30	<b>Welcome</b>
	Nigel Keen – Chairman, Oxford AHSN
17.35	<b>The Oxford AHSN</b>
	Professor Gary Ford CBE, Chief Executive Officer – introducing the Network
17.45	<b>The Clinical Networks – a taste</b>
	Diabetes – Professor Stephen Gough
	Early Intervention – Dr Belinda Lennox
18.00	<b>The Network – wealth creation</b>
	Dr Nick Edwards, Wealth Creation Programme Chair
18.10	<b>The Network – a perspective from a University</b>
	Professor Linda King, Oxford Brookes University
18.20	<b>The Network and the OxAHSC</b>
	Professor Alastair Buchan, University of Oxford
18.30	<b>Plenary discussion</b> – Chair - Sir Jonathan Michael
	An opportunity for discussion and questions
	Panel to include: Gary Ford, Paul Durrands (COO), Chandi Ratnatunga (SRO Best Care), Stuart Bell CBE (CEO Oxford Health), Nick Edwards (Wealth Creation), Sian Rees (PPIEE)
19.10	<b>Close</b>
	Professor Gary Ford CBE
19.15	Light refreshments and networking

# Introducing the Network

Professor Gary Ford  
Chief Executive Officer



# AHSN core purpose – health and wealth

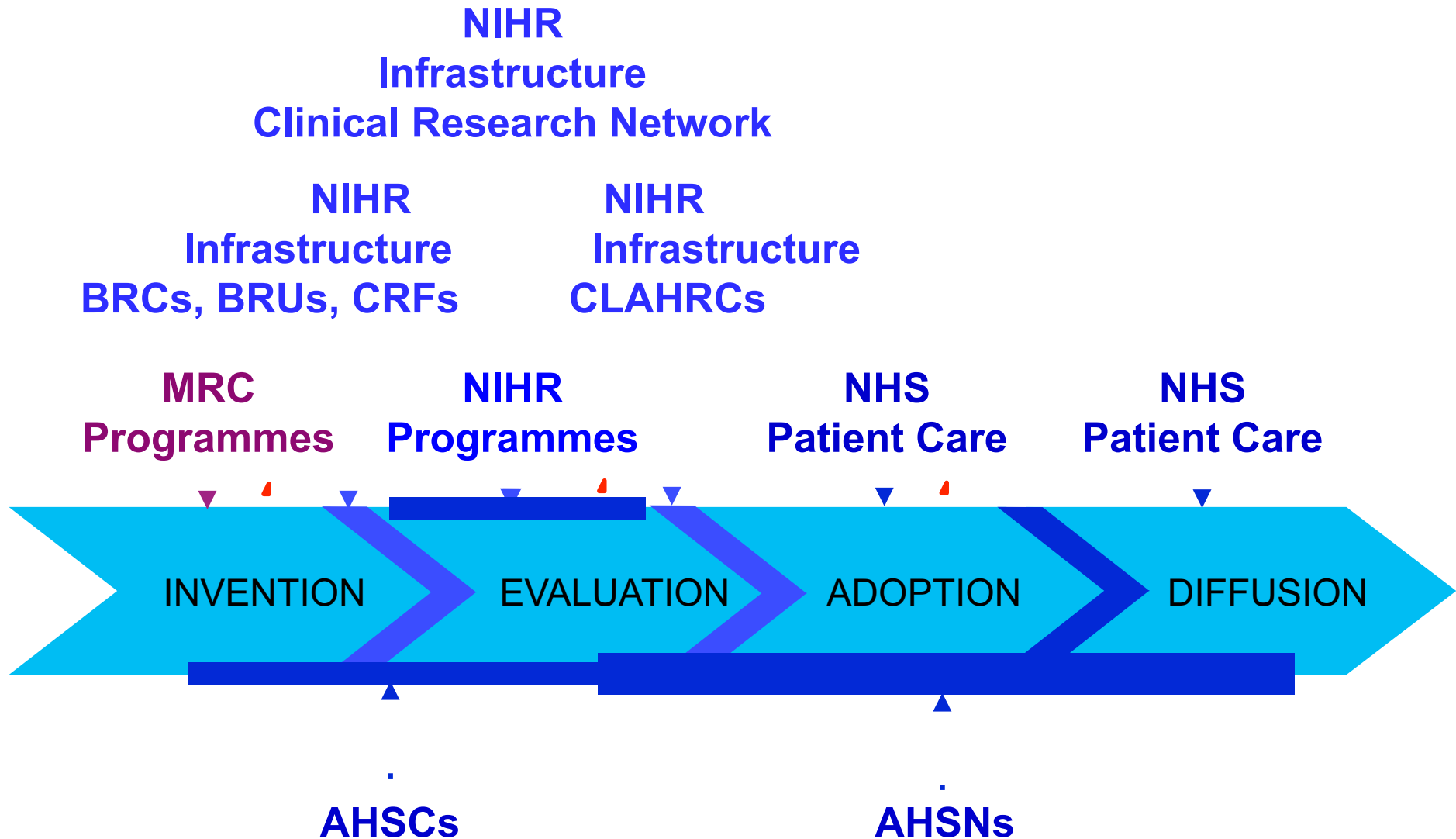


- Licensed by NHS England for 5 years to deliver four objectives:
- **Focus on the needs of patients and local populations:** support and work in partnership with commissioners and public health bodies to identify and address unmet health and social care needs, whilst promoting health equality and best practice.
- **Speed up adoption of innovation into practice** to improve clinical outcomes and patient experience - support the identification and more rapid uptake and spread of research evidence and innovation at pace and scale to improve patient care and local population health.
- **Build a culture of partnership and collaboration:** promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.
- **Create wealth** through co-development, testing, evaluation and early adoption and spread of new products and services.

## AHSN Key Functions

- Promoting participation in research
- Translating research and learning into practice
- Collaborating on education and training
- Driving service improvement
- Ensuring information is at the core of the work of the AHSN
- Wealth creation

# AHSNs, AHSCs and the Research and Innovation Landscape



# AHSNs, AHSCs and the Research and Innovation Landscape

NIHR  
Infrastructure  
Clinical Research Network

NIHR  
Infrastructure  
BRCs , BRUs etc

NIHR  
Infrastructure  
CLAHRCs

F

*“patient-focused early phase translational clinical research, the aim of which is to pull basic scientific discoveries into clinical research”*

S  
Care

NHS  
Patient Care

PTION

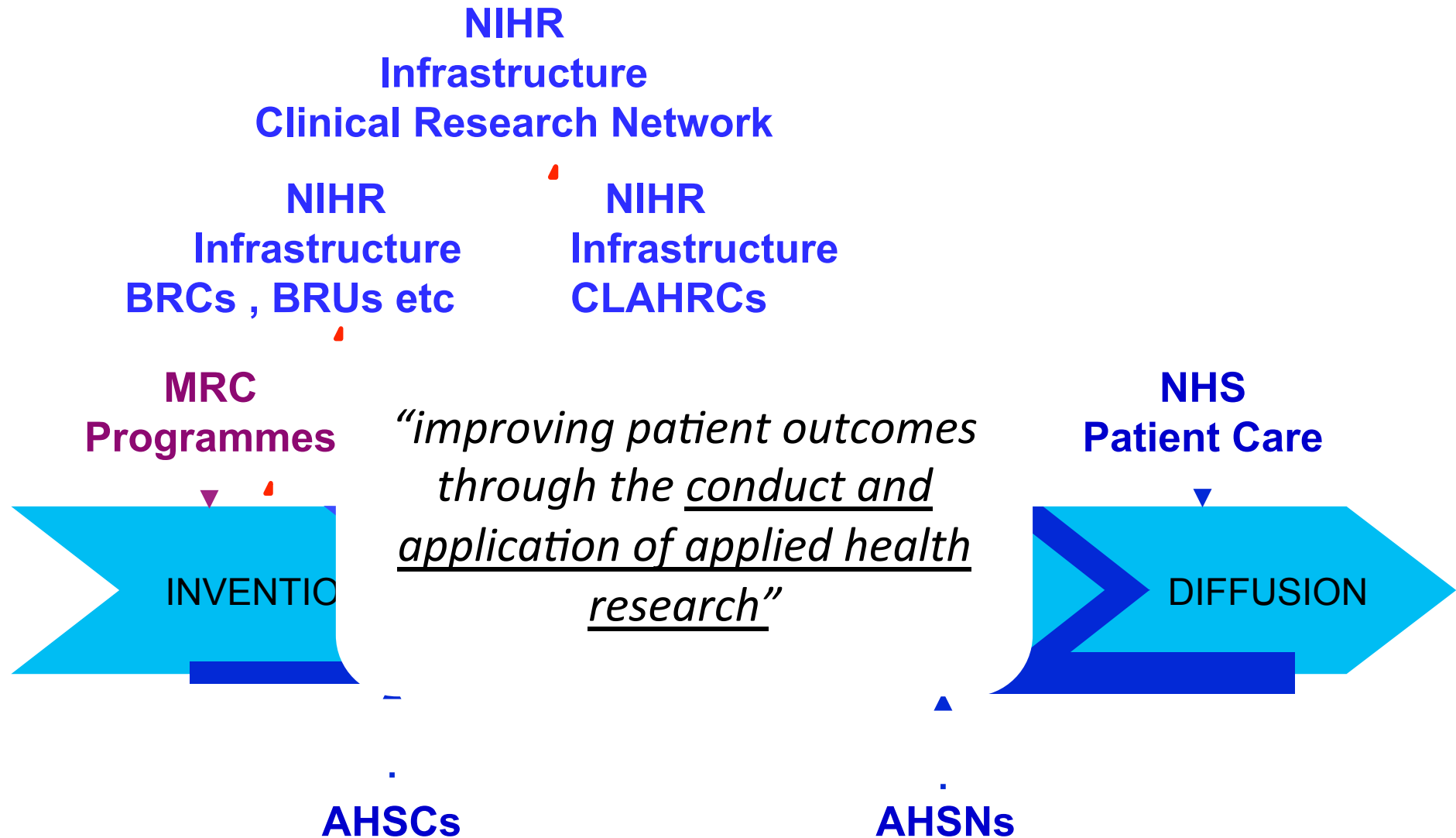
DIFFUSION

AHSCs

AHSNs



# AHSNs, AHSCs and the Research and Innovation Landscape





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1. *“AHSNs will play a crucial part in the translation of research into practice, which will complement the roles of the present and future Academic Health Science Centres (AHSCs)”*

AHSCs

AHSNs

# AHSNs, AHSCs and the Research and Innovation Landscape

NIHR  
Infrastructure  
Clinical Research Network

NIHR

NIHR

2. *“AHSCs have related functions to AHSNs but are of smaller scale (in terms of geography and organisations) and they focus on earlier stages in the translation. They were established primarily on the basis of internationally recognised excellence in experimental medicine and strong collaboration between academia and healthcare to enable translation into patient benefit.”*

AHSCs

AHSNs

# AHSNs, AHSCs and the Research and Innovation Landscape

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3. *“AHSNs will have a critical role in the translation process by focusing on the adoption and spread of innovative clinical practice that are of proven cost-effectiveness, across whole healthcare systems, linking back with the research and development community.”*

AHSCs

AHSNs

# AHSNs, AHSCs and the Research and Innovation Landscape

NIHR  
Infrastructure  
Clinical Research Network

NIHR

NIHR

4. *“Some AHSNs will have an AHSC within their defined footprint and partnership and some will not. However all AHSNs will want to access the learning not only from all the designated AHSCs but also from leading edge researchers in their locality, accessing the expertise in all parts of the local NIHR funded research infrastructure, and drive the adoption and spread of the resulting improvements in practice.”*

AHSCs


AHSNs

# The Oxford AHSN

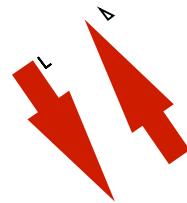
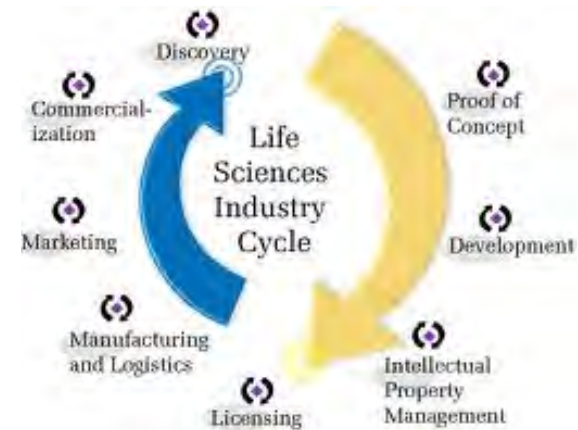
## Our aims

- To improve the health of our patients through promoting excellence in health care and speeding up adoption of innovation into practice
- To support wealth creation in the Oxford AHSN partners and wider English economy by supporting the development of healthcare innovation

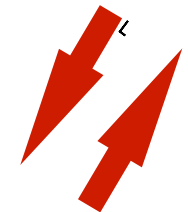
## Our values

- We will achieve this by helping our partners be more successful through facilitating and supporting collaboration and partnership working
  - We will be inclusive, transparent and fair
- 

# The Oxford AHSN – facilitating partnerships



The Open University



University of Reading



# What and where



- Oxford AHSN – 1 of 15 in England  
3.3M population  
Annual NHS spend circa £5bn  
NHS employees 65,000  
13 Clinical Commissioning Groups  
12 Local Enterprise Partnerships  
12 Councils  
Major international companies  
Leading location for Life Sciences

Complex landscape with many providers and agencies

# Our healthcare and academic partners

NHS Trusts within the Network



- 1 Oxford University Hospitals NHS Trust
- 2 Oxford Health NHS Foundation Trust
- 3 Royal Berkshire NHS Foundation Trust
- 4 Berkshire Healthcare NHS Foundation Trust
- 5 Heatherwood and Wexham Park NHS Foundation Trust
- 6 Buckinghamshire Healthcare NHS Trust
- 7 Milton Keynes Hospital NHS Foundation Trust
- 8 Milton Keynes Community Services
- 9 Bedford Hospital NHS Trust
- 10 Southern Health NHS Foundation Trust (wef 1 November 2012)
11. South Central Ambulance Service FT

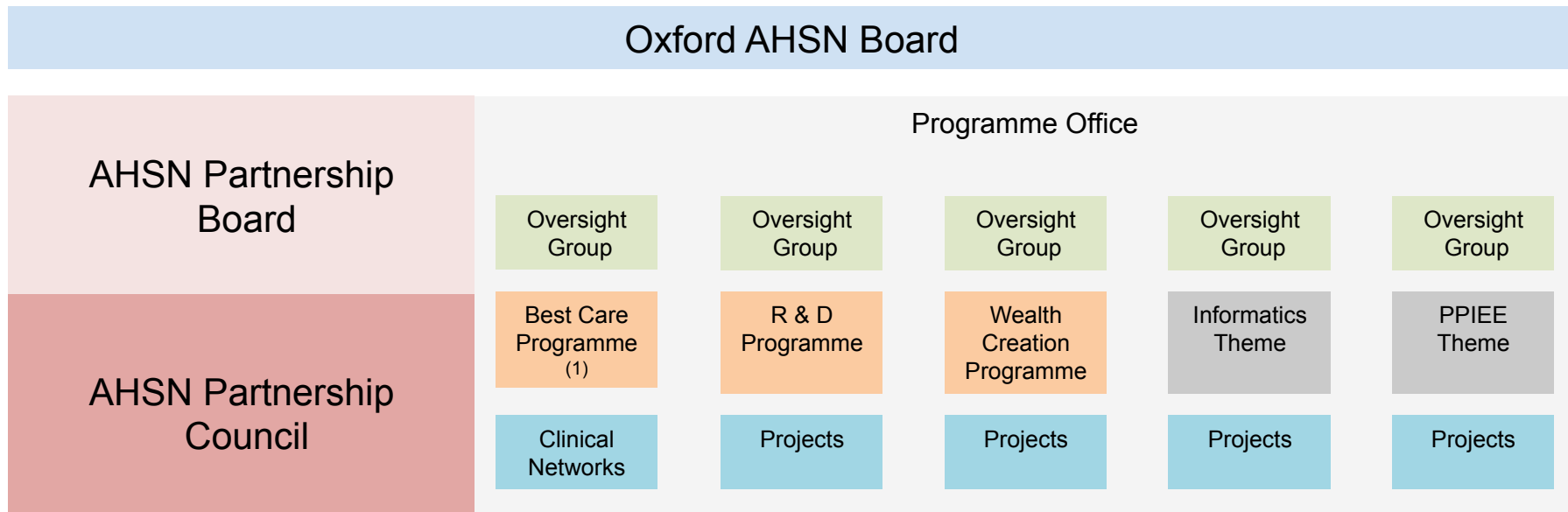
Universities within the Network



- 1 Buckinghamshire New University
- 2 The Open University
- 3 Oxford Brookes University
- 4 University of Bedfordshire
- 5 University of Buckingham
- 6 University of Oxford
- 7 University of Reading
- 8 University of West London (Reading campus)
- 9 Cranfield University



# Oxford AHSN Governance Structure



(1) Best Care Programme – Clinical Networks incorporates Integration & Sustainability, Population Healthcare, Innovation and the Continuous Learning programme (including Patient Safety and EB Medicine MScs)

# The Oxford AHSN – our work programmes

- **Best Care**

Clinical networks, sustainability, integration and population healthcare - working with Thames Valley Strategic Clinical Networks

Continuous learning – working with Health Education Thames Valley

- **Research and Development** work with Thames Valley and South Midlands Local CRN NIHR, CLAHRC, life science industry and other research infrastructure

- **Wealth creation** through partnering with industry to support co-development, evaluation and spread of new products and services




# Oxford AHSN – Best Care Programme

- Nine Clinical networks
  - Diabetes – Prof Stephen Gough
  - Dementia – Dr Rupert McShane
  - Depression and anxiety – Prof David Clark
  - Mental and physical co-morbidity – Prof Mike Sharpe
  - Early intervention in mental health – Dr Belinda Lennox
  - Imaging - Prof Fergus Gleeson
  - Medicines optimisation – Boo Vadher
  - Maternity - Prof Stephen Kennedy / Mr Lawrence Impey
  - Children – Prof Andrew Pollard
- Continuous Learning with funding from Health Education Thames Valley
  - 7 Fellowships (MScs) in Evidence Based Medicine
  - Patient Safety Academy

# Oxford AHSN mobilisation

- Put in place Funding Agreements with Networks and Projects
- Appoint Core team
  - Programme Office to support programmes
  - Network Managers to support clinical networks
  - Two Innovation Adoption Managers
  - Director of Information Strategy (joint with AHSC)
  - Director of Commercial Development
  - Commercial Development Managers for Reading and Milton Keynes
- On-going PPIEE, Communications, Website, event and programme support to the networks and projects
- Establish working relationships with key stakeholders
- Wealth Creation strategy

## Oxford AHSN Opportunities

- Deliver a paradigm shift in the partnership of the Oxford AHSN NHS partners with the Universities and Life Science industry
  - Develop common purpose amongst partners across the health innovation pathway
  - Facilitate NHS service transformation and enhance primary - secondary care working
  - Unique opportunity to integrate and empower patient and public and patient engagement
- 

# The Oxford AHSN: Diabetes

Stephen Gough, Strategic Lead,  
Diabetes Network

Katharine Owen,  
Diabetes Clinical Network Lead

# The challenge, and an unmet need



# Diabetes 2012



[Home](#) [What We do](#) [Epidemiology and Prevention](#) [Diabetes Atlas](#)

## DIABETES ATLAS

### Acknowledgements

[Foreword](#)

### What is Diabetes?

### The Global Burden

[Diabetes](#)

[Impaired glucose tolerance \(IGT\)](#)

[Undiagnosed diabetes](#)

[Diabetes in the young](#)

[Mortality](#)

[Healthcare expenditures](#)

[Generating the numbers](#)

### Regional Overviews

[Diabetes and Development](#)

[Linking Local to Global](#)

[Resources and Solutions](#)

[References](#)

[Additional resources](#)

## THE GLOBAL BURDEN

- **366 million** people have diabetes in 2011; by 2030 this will have risen to **552 million**
- The number of people with type 2 **diabetes is increasing** in every country
- **80%** of people with diabetes live in **low- and middle-income countries**
- The **greatest number** of people with diabetes are between **40 to 59 years** of age
- **183 million** people (50%) with diabetes are **undiagnosed**
- Diabetes caused **4.6 million deaths** in 2011
- Diabetes caused at least **USD 465 billion dollars** in healthcare expenditures in 2011; **11% of total healthcare expenditures** in adults (20-79 years)
- **78,000 children** develop **type 1 diabetes** every year





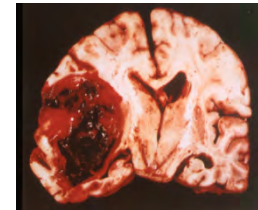
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Retinopathy increased by 118%



▫

Stroke increased by 87%



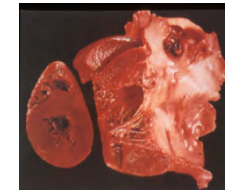
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Kidney failure increased by 56%



▫

Cardiac failure increased by 43%



▫

Amputations increased by 26%



# Variation in clinical care and outcomes

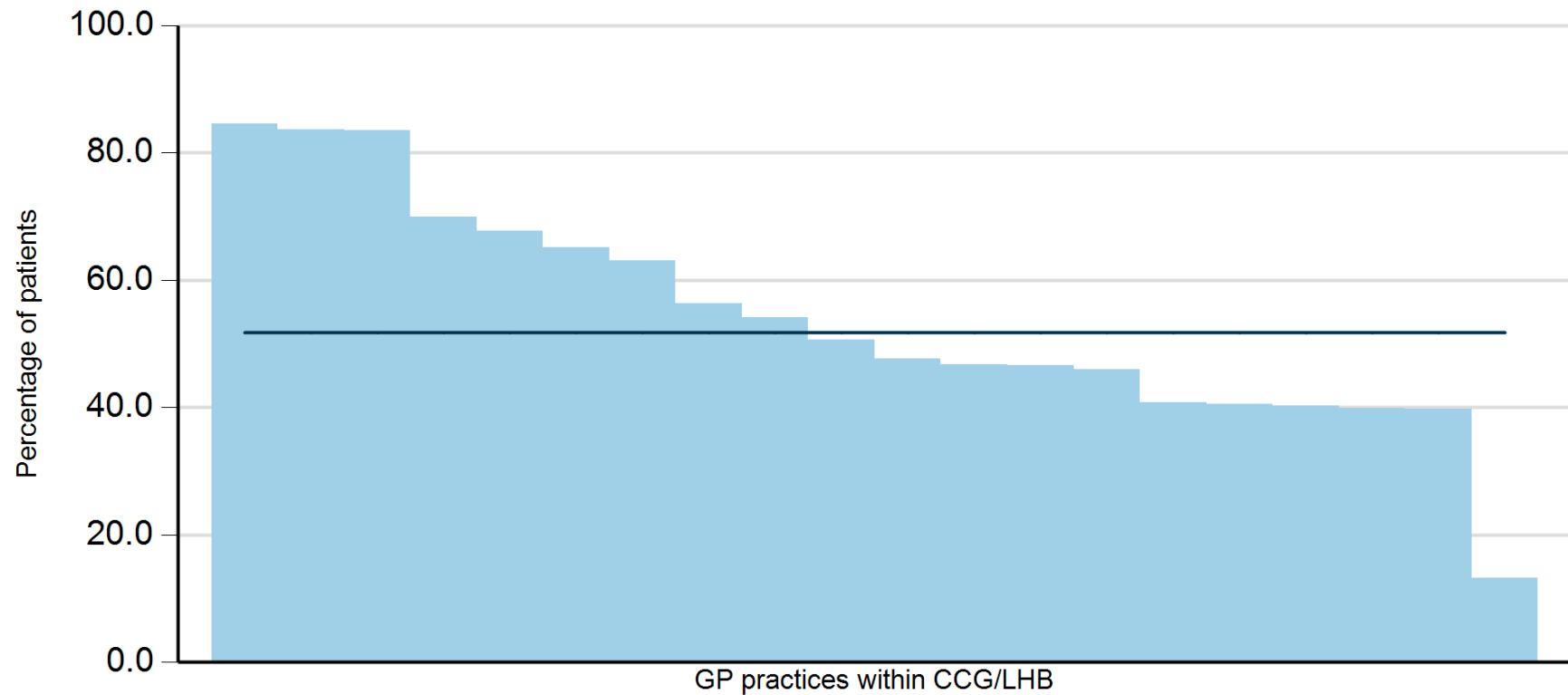


1. Blood glucose level measurement
2. Blood pressure measurement
3. Cholesterol level measurement
4. Retinal screening
5. Foot and leg check
6. Kidney function testing (urine)
7. Kidney function testing (blood)
8. Weight check
9. Smoking status check.

# National Diabetes Audit 2011-12

Oxford AHSN CCGs	All diabetes %	Type 1 %	Type 2 %
<b>Eight care processes performed</b>	<b>52-76</b>	<b>33-57</b>	<b>53-78</b>
England & Wales	60.5	43.2	62.6
<b>HbA1c&lt;7.5%</b>	<b>61-67</b>	<b>22-34</b>	<b>64-71</b>
England & Wales	62.7	27.0	65.8
<b>Meeting targets for HbA1c, BP, Lipids</b>	<b>16-21</b>	<b>9-16</b>	<b>17-22</b>
England & Wales	20.8	11.8	21.5
<b>Offered (attended) structured education</b>	<b>0-63 (0-49)</b>	<b>N/A</b>	<b>0-63 (0-49)</b>
England & Wales	13.6 (2.9)	2.7 (0.6)	14.2 (3.1)


# Typical CCG data by practice



# Diabetes Clinical Network Priorities

1. Best Care: Variation in clinical care and outcomes
  - report on variation then formulate ways to reduce it
2. Evaluate innovative technology for diabetes self-management
3. Young adult clinic provider network
4. Regional islet cell transplant service
5. Integrated care models for diabetes


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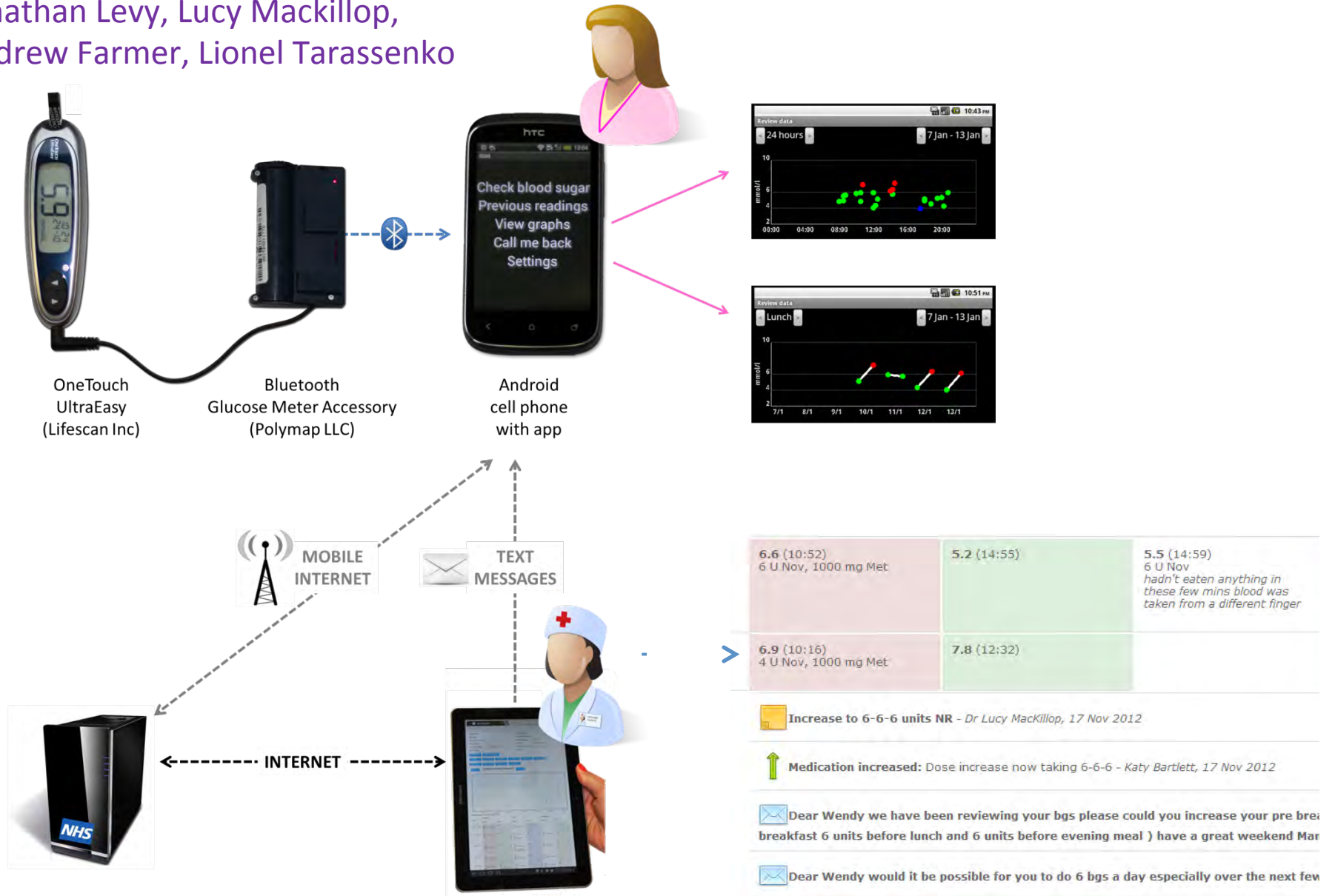
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# Telehealth in Gestational Diabetes

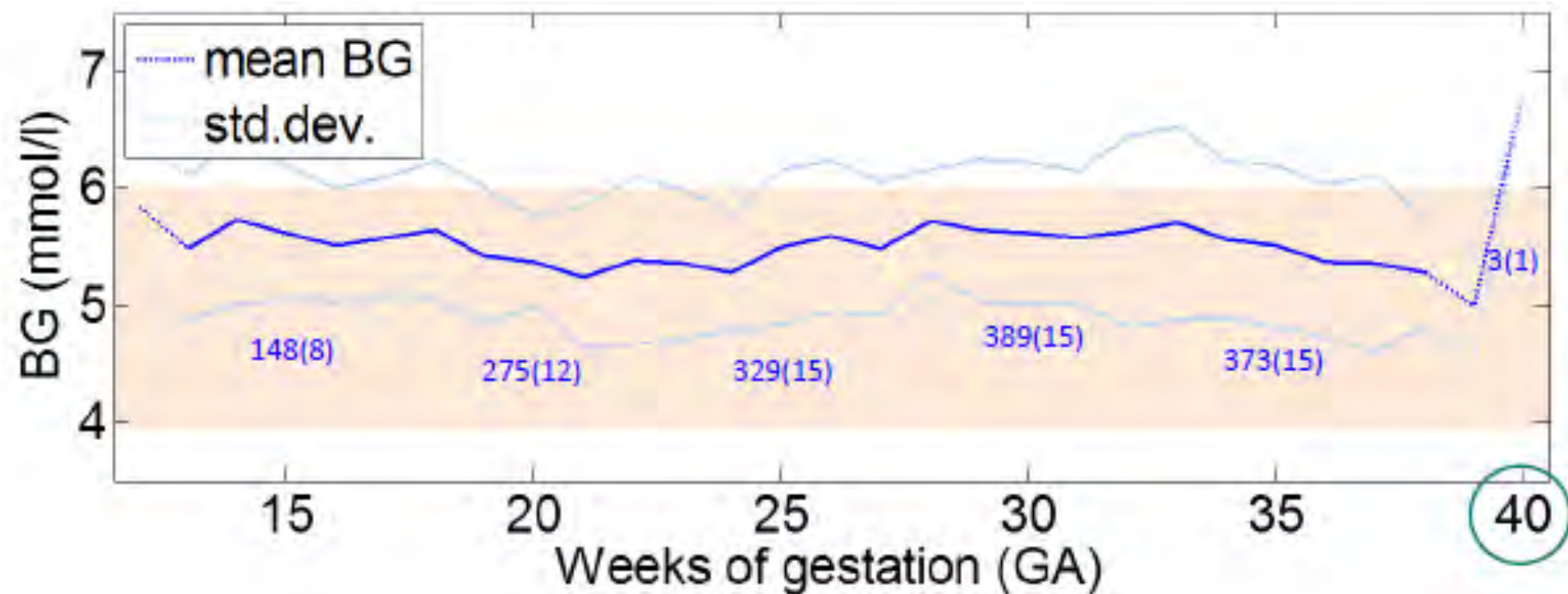
- Diabetes in pregnancy is associated with risks to mother and fetus
  - Tight control of diabetes and frequent review improves outcomes
  - In pregnancy 6-8 glucose tests/day and 1-2 weekly review
  - Time consuming, expensive
- 



Jonathan Levy, Lucy Mackillop,  
Andrew Farmer, Lionel Tarassenko



# GDM-Health in action



Women with previous GDM (n=17)

# Monster Manor – use of gamification


- An iPhone/Android game for children with T1D to encourage BG testing
- Collaboration between Ayogo, Diabetes UK, Sanofi and Oxford ASHN
- Children log blood sugar results in game to unlock rewards and new levels
- We will analyse outcome of playing game on frequency and compliance with blood glucose testing




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## Young adult diabetes 18-25 yr

- Young adults with diabetes are a high risk group
  - Commonly disengage with services or get “lost”
  - Form a high proportion of emergency admissions, have high HbA1c
  - Services are designed for Type 1 diabetes, so young Type 2 are poorly catered for
  - Rarer forms of diabetes are frequently missed
- 

# Young adult diabetes clinic network

- Share best practice and innovation across AHSN for Type 1 diabetes
  - Develop and evaluate clinical pathways for Young Type 2 diabetes
  - Introduce protocols for assessment of diabetes aetiology
- 

# DIABETES CLINICAL NETWORK LAUNCH EVENT



FRIDAY 28<sup>th</sup> FEBRUARY 2014 9:30-15:30

VENUE: Lane End Conference Centre, Bucks HP14 3HH

# Early Intervention in Mental Health

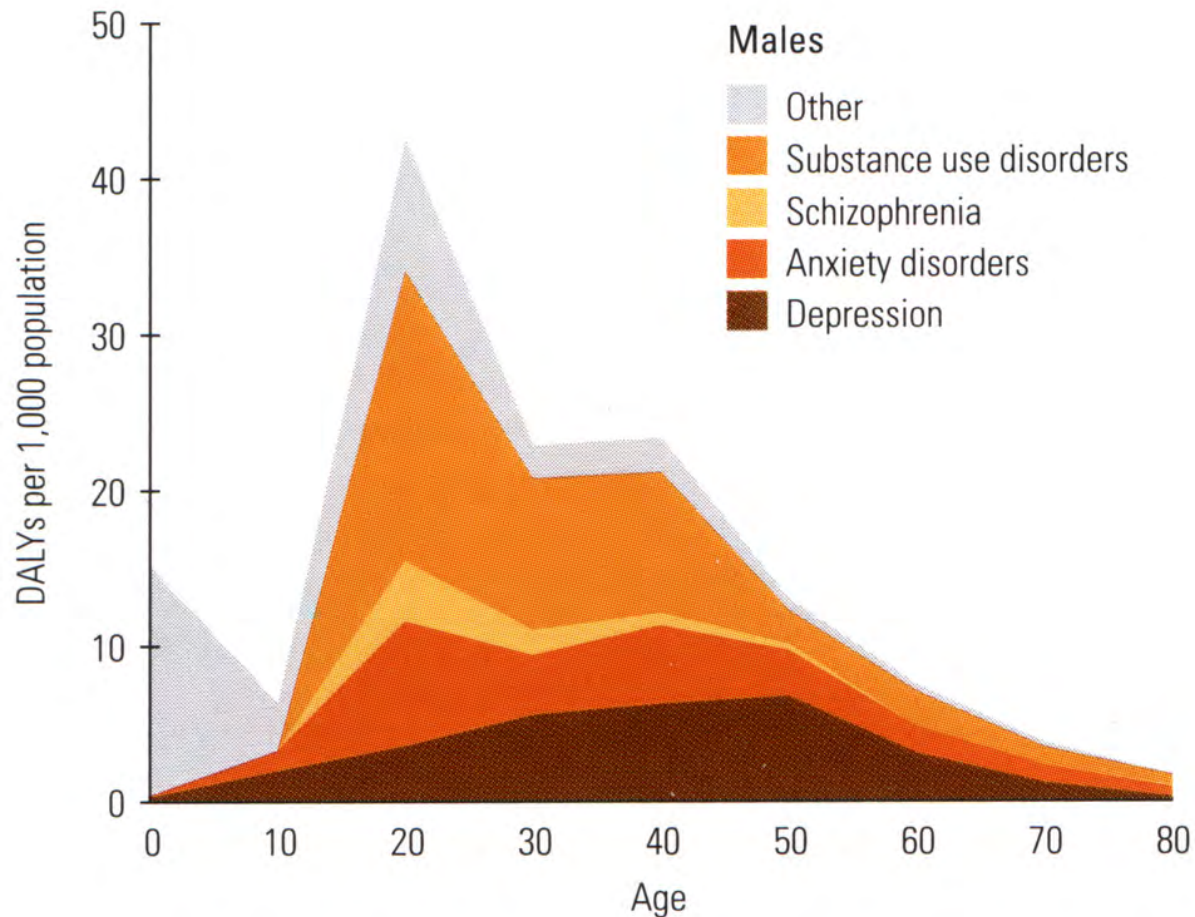
Belinda Lennox  
Clinical Senior Lecturer and  
Honorary Consultant Psychiatrist



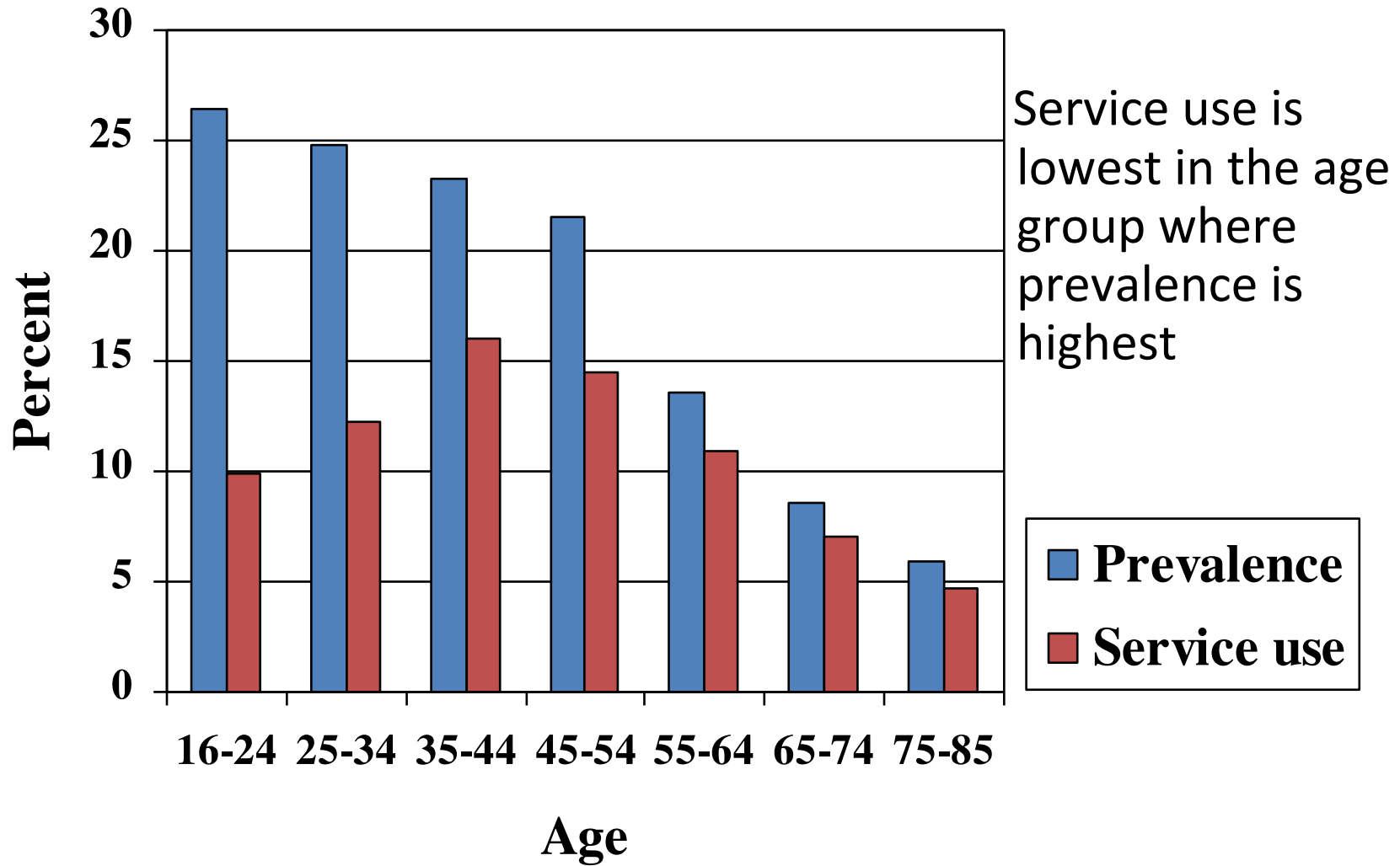


# Majority of serious mental health problems typically commence before age 24

24



**Victoria (Aus) Burden of Disease Study: Incident Years Lived with Disability rates per 1000 population by mental disorder**



Services are weakest where the need is greatest

Age 12 - 17

Age 18 - 24

Tier 4 –  
specialist child  
teams

Adult CMHTs

Child and  
Adolescent Mental  
Health teams

Inpatient Wards

**Early Intervention  
Psychosis**

Psychology

Inpatient unit

Specialist  
adult teams

Psychology



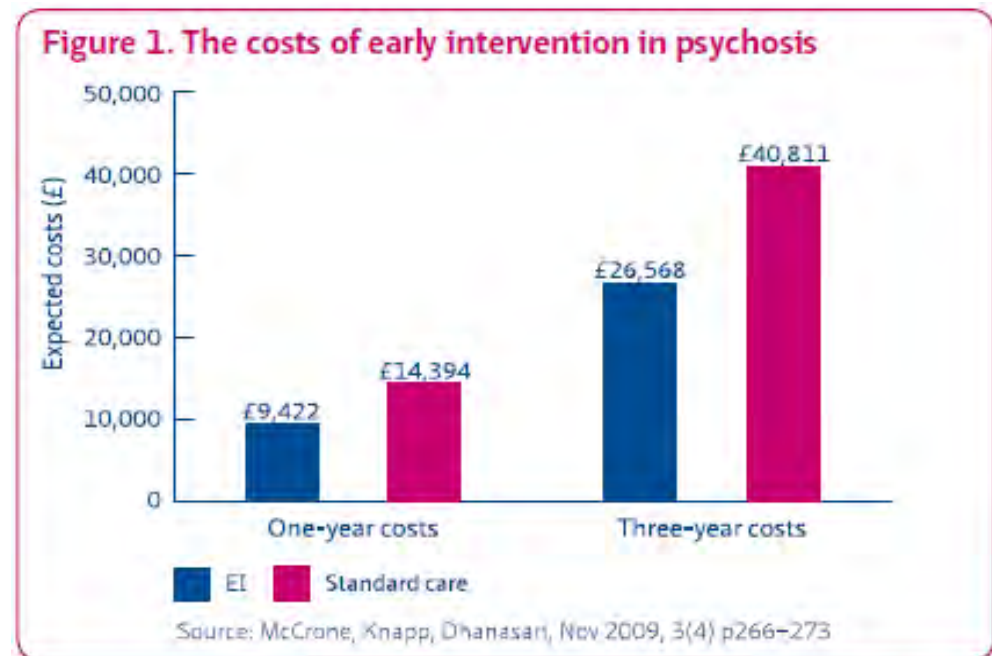
- “She went from a children’s service that didn’t do psychosis to an adult service that didn’t do young people”
- “Services just seemed to passively wait until he was really ill ....the service oozed pessimism, lack of investment and lack of imagination”

# What does Early Intervention for psychosis mean?

- Continuity across child and adult services,
- Low dose atypical antipsychotic,
- Cognitive Behavioural Therapy,
- Family interventions,
- Assertive Community Treatment
- Home/non-hospital treatment models for the acute phase.
- Vocational and educational support – early recovery focus

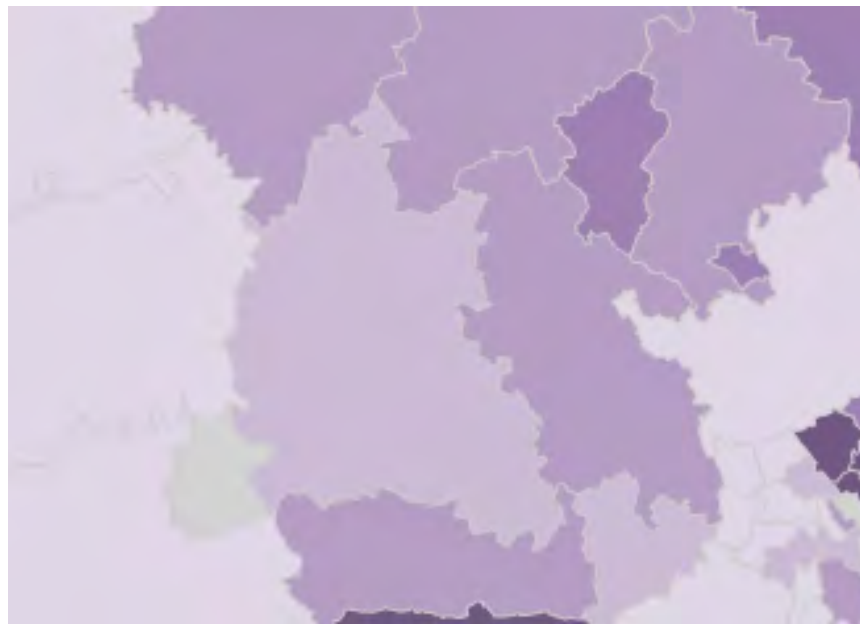
# What does Early Intervention for Psychosis achieve?

- Better outcomes – reduced symptoms, reduced relapse, reduced admissions, Better social recovery (36% v 26% employed)
- Better patient and carer experience
- Saves money



# The Network's EI clinical network will

- Reduce variation in care in early psychosis across the AHSN



Rates of admission >3 days for children <17 for mental health disorders 2009/2010  
Berks East 8/100 000,  
Milton Keynes 15.46.  
NHS Atlas of Variation

# The Network's EI clinical network will

- Increase research activity in early psychosis – in causes, treatments and service delivery

Wellcome Trust Sleep and  
Circadian Neurosciences  
Institute

MRC Prevalence Pathogenic  
Antibodies in Psychosis

BMA Olfactory  
biopsy stem cell  
study

EU StemBANCC

NIHR Worry Intervention  
Trial

NIHR CLAHRC service redesign  
theme

NIHR Better Sleep Trial



# The Network's EI clinical network will

Extend early intervention across other conditions

- Improved transition for young people
- Improved patient experience

# Wealth Creation

Dr Nicholas Edwards

Chair, Wealth Creation Oversight Group



# Wealth Creation

## NHS + Academia + Businesses = Success

- Wealth Creation & Best Care are co-dependent
- Our region: enormous unrealised potential
- “Inbound”: NHS adoption, procurement & trials
- “Outbound”: Innovators driving pharmaceutical, medical products, devices, informatics & services & R&D

**To help the region become the favoured location for inward life science investment, life science business creation and growth, helping the NHS to accelerate the adoption of innovations of significant benefit to patients**

# Oxford AHSN – a University perspective

Professor Linda King

Associate Dean, Faculty of Health and Life  
Sciences,

Oxford Brookes University

# Universities and the Oxford AHSN



- Buckinghamshire New University
- Cranfield University
- Open University
- Oxford Brookes University
- University of Bedfordshire
- University of Buckingham
- University of Oxford
- University of Reading
- University of West London

# OBU and Oxford AHSN



- Best Care and Clinical Networks
- Continuous Learning
- Research & Development
- Wealth Creation

- A single community – improved communication – inter-connectedness
- Partnerships – made easier
- Access – to expertise, good practice
- Streamlining – sharing of innovation, less duplication
- Education – play a full, long-term part in care & care services

# Oxford Academic Health Science Centre - OxAHSC

Professor Alastair Buchan  
Head of Medical Sciences Division



# Questions and Discussion

Chair: Sir Jonathan Michael, Chief Executive,  
Oxford University Hospitals

Panel (to include): Professor Gary Ford, Dr Paul  
Durrands, Mr Chandi Ratnatunga, Sian Rees,  
Nick Edwards, Stuart Bell, Alastair Buchan