



# Oxford AHSN Year 9 Q2 Report

For the quarter ending 30 September 2021

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### Cover Image:

New health minister Lord Kamall met a host of healthcare innovators on a visit to Oxford organised by the Oxford AHSN. Lord Kamall (centre) and Matt Whitty (immediately left of Lord Kamall), Chief Executive of the NHS Accelerated Access Collaborative, are pictured with innovators and senior AHSN staff at the John Radcliffe Hospital

## Chief Executive's Review

Cardiovascular disease (CVD) prevention, a major area of high value population health management, continues to be a key focus of our work with local and national programmes. Within the lipid management and familial hypercholesterolaemia programme, AHSNs are supporting the national roll-out of the NICE approved lipid-lowering drug Inclisiran, a small interfering RNA that inhibits translation of the protein PCSK9, administered by injection twice a year to people with CVD and LDL cholesterol not controlled by statins and other lipid-lowering therapies. This is a classic disruptive innovation, requiring new care pathways to be developed in primary care. This is a challenging project given the pressures in primary care and scepticism of some professional groups. Similar opposition was seen to statins when they were first available in the late 1980s. Reluctance to prescribe these drugs led to lost opportunities to reduce CVD deaths in the 1990s/2000s. Within the AHSN Network/Accelerated Access Collaborative (AAC) lipid management programme, good progress is being seen with increased prescribing of high intensity dose statins and use of ezetimibe in people at risk of CVD. One consequence of the pandemic has been less atrial fibrillation and hypertension diagnosed due to reduced face-to-face contact with patients. We have been supporting and developing guidance for integrated care systems (ICSs) and primary healthcare teams around offering health checks to older people when they attend Covid vaccination clinics. Further details and early experiences from the Slough vaccination centre are described in one of the case studies below.

The AHSN Network is developing two potential future national programmes: Polypharmacy and Long Covid - Reinventing Rehabilitation. Polypharmacy is a key issue for healthcare professionals in managing patients with multiple long-term conditions. The polypharmacy programme seeks to support healthcare teams in addressing problems identified in the recently published National Overprescribing Review report<sup>1</sup> led by Dr Keith Ridge, Chief Pharmaceutical Officer for England.

On 7 October Lord Kamall, Minister for Technology, Innovation and Life Sciences, and Matt Whitty, Chief Executive of the AAC and Director for Innovation, Research and Life Sciences at NHS England, met innovators and the AHSN team that has supported them in evaluating and deploying three innovations in the NHS locally and nationally: Brainomix, a stroke imaging artificial intelligence technology developed to support rapid diagnosis of large vessel occlusion stroke and delivery of thrombectomy; Sleepio digital sleep improvement programme based on cognitive behavioural therapy for insomnia; PIGF, a nationally adopted diagnostic to rule out pre-eclampsia, implemented across the Thames Valley prior to national roll-out.

The National Insights Prioritisation Programme is open to joint proposals from AHSNs and NIHR Applied Research Collaborations (ARCs) to evaluate and spread promising new models of working developed during the pandemic. The Oxford AHSN and the NIHR ARC Oxford and Thames Valley submitted a proposal to evaluate effectiveness, safety and experience for patients and healthcare professionals of virtual transient ischaemic attack (TIA) clinics which were introduced across the South East in place of traditional face-to-face consultations, and to establish a model of care for national roll-out. We continue to develop our work with ICSs. James Kent, Executive Lead of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS presented at the Oxford AHSN R&D group meeting. Piers Ricketts, CEO of Eastern AHSN, and I met the Bedfordshire, Luton and Milton Keynes (BLMK) Partnership Board to discuss future work.

**Professor Gary Ford, CBE FMedSci, CEO, Oxford AHSN**

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<sup>1</sup> <https://www.gov.uk/government/publications/national-overprescribing-review-report>

## Case Studies

1. Health checks at vaccination clinics reduce risks linked to cardiovascular disease
2. Pulse oximeters distributed to vulnerable communities through unique partnership
3. Delivering IV antibiotic treatment in patients' homes eases pressure on hospital beds
4. Widely adopted pre-eclampsia test has additional environmental benefits

### **Oxford AHSN Case Study 1: Health checks at vaccination clinics reduce risks linked to cardiovascular disease**

**Date:** Q2 2122

**Theme/Patient pathway:** Clinical Innovation Adoption

#### **Overview**

Offering a simple health check alongside a Covid-19 jab is helping to reduce risks associated with cardiovascular disease (CVD) following disruption to prevention services caused by the pandemic. Targeted heart rhythm checks have been offered at some vaccination centres as a way of reaching vulnerable people at a time when other options for health checks have not been available. The offer was extended to other age groups and returned with the booster clinics later in the year.

The Oxford AHSN, in collaboration with the clinical leads for stroke at the Getting It Right First Time (GIRFT) programme, also developed guidance on delivering checks in vaccination centres<sup>2</sup>, to share the learning across the country. This is the latest in a series of practical resources produced by the two organisations, along with other partners, to share best practice.

#### **What's the challenge and solution?**

Risk factors for stroke are usually picked up at routine GP appointments, but the pandemic has meant far fewer of these face-to-face consultations have taken place. An irregular pulse is an indication of atrial fibrillation (AF), which is a major cause of stroke. An estimated 250,000 people in England have undetected AF and most are at a significantly increased risk of stroke. Once AF has been diagnosed, people can be counselled on their stroke risk and how to reduce it, and oral anticoagulation therapy started if appropriate. Strokes cause life-changing disability and death; reducing the risk of stroke improves quality of life and eases pressure on NHS and social care services. Hypertension, an increase in blood pressure (BP) present in a third of older people, is the other major cause of stroke. BP-lowering drugs substantially reduce the risk of stroke.

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<sup>2</sup> <https://www.oxfordahsn.org/wp-content/uploads/2021/05/COVID-vax-clinic-guidelines-FINAL.pdf>

## What did we do?

The early focus of the mass vaccination campaign was on over-65s – the age group most at risk of stroke and other forms of CVD. Targeted heart rhythm and BP checks were offered at some vaccination centres as a way of reaching some of these people at a time when other options for health checks had been disrupted. The offer was extended to other age groups and returned with the booster clinics later in the year.

One of the first locations to trial offering heart rhythm checks to over-65s in vaccination clinics was Slough. Dr Nithya Nanda, a GP in Slough and the East Berkshire CVD and diabetes clinical lead, said: “Lockdown restrictions meant we were seeing fewer people in primary care. Vaccinating our over-65 population presented a perfect opportunity to detect, protect and prevent stroke in high-risk patients with undetected atrial fibrillation. We have received good feedback from both patients and healthcare professionals. Making every contact count makes a difference.”

This approach has now been rolled out across the wider Frimley Health and Care integrated care system (ICS), with people being offered additional tests as part of a full NHS health check. ICS leaders in other parts of the Oxford AHSN region are developing similar plans. Amanda Pritchard, the new Chief Executive of NHS England, highlighted the potential of this approach during her address at the 2021 NHS Confederation conference.

The Oxford AHSN, in collaboration with the clinical leads for stroke at the Getting It Right First Time (GIRFT) programme, also developed guidance on delivering checks in vaccination centres<sup>3</sup>, to help systems that wish to follow suit. This is the latest in a series of practical resources produced by the two organisations, along with other partners, to share best practice around CVD prevention to counter disruption caused by the pandemic.

## Impact/outcomes

Initial pilot projects demonstrated the benefit of offering people aged over 65 attending vaccination centres an additional check to establish if they have atrial fibrillation (AF), an irregular heart rhythm that is a major cause of stroke. Modelling suggests that 37 new cases of AF will be detected and one stroke prevented for every 5,000 people offered a heart rhythm check at a vaccination clinic each year. If everyone aged 65 and over was offered an annual rhythm check more than 1,000 strokes could be prevented in England every year.

## Contact

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<sup>3</sup> <https://www.oxfordahsn.org/wp-content/uploads/2021/05/COVID-vax-clinic-guidelines-FINAL.pdf>

## **Oxford AHSN Case Study 2: Pulse oximeters distributed to vulnerable communities through unique partnership**

**Date:** Q2 2122

**Theme/Patient pathway:** Patient Safety and Clinical Improvement in partnership with Oxfordshire CCG, NIHR ARC Oxford and Thames Valley and the University of Oxford

### **Overview**

A collaboration between community leaders, GPs, NHS commissioners, researchers and the Oxford AHSN supported groups at greater risk from Covid-19. Pulse oximeters were made freely available at a foodbank, mosque and a homeless shelter linked to a GP practice. This initiative supports equity of access and complements wider research into the remote monitoring of patients with coronavirus symptoms. Engaging with trusted figures, tapping into existing community support systems and utilising word-of-mouth spread could all help to empower vulnerable communities. The lessons learned from this initiative are being applied to disseminating health education through other community networks.

### **What's the challenge and solution?**

It is known that patients with serious coronavirus symptoms often do not go to hospital early enough, and this can have a negative impact on outcomes. Promoting general public knowledge of monitoring with pulse oximeters can mean people whose health is deteriorating rapidly but without visible signs are more likely to be identified and can get the help they need as quickly as possible.

Some populations are at much higher risk of developing Covid-19 and its complications. These include:

- people aged over 65
- those with comorbidities (e.g. diabetes, lung disease, heart disease)
- people from minority ethnic groups
- poorer people.

Individuals falling into more than one of these groups are at even greater risk.

Early oxygen therapy improves outcomes in acute Covid-19, but many people who need it have 'silent hypoxia' (i.e. no symptoms). Pulse oximeters help to detect this. These simple devices measure oxygen levels and heart rate. They can give early warning that someone is unwell with Covid-19 or another health condition.



In healthcare, oximeters are a bread-and-butter tool for monitoring oxygen levels – the equivalent of a thermometer for measuring temperature. However, unlike thermometers, oximeters had not found a home in most households – until the pandemic when many more people brought one into their homes. This practice is far from universal though with the vulnerable populations listed above less likely to have access to a pulse oximeter.

Challenges to pulse oximetry use include technological literacy and access, language barriers, interpreting results and access to healthcare.

## What did we do?

After being approached by Oxfordshire Clinical Commissioning Group<sup>4</sup> (CCG), the Oxford AHSN brought together the National Institute for Health Research Applied Research Collaboration Oxford and Thames Valley<sup>5</sup> and a University of Oxford research team<sup>6</sup> led by Professor Trish Greenhalgh. The Oxford AHSN had already enjoyed success with the national COVID Oximetry @home (CO@h)<sup>7</sup> initiative which supported people with risk factors and suspected acute Covid-19 at home where their oxygen levels were monitored using pulse oximeters.

Pulse oximeters were made freely available to three vulnerable communities in Oxford – via a foodbank, mosque and a homeless shelter linked to a GP practice. They were given to 15 people at each venue along with supporting information. These people were subsequently contacted as part of a research study.

Key themes that emerged included:

- initial lack of knowledge around what an oximeter is and what it can be used for
- willingness to learn how to use a pulse oximeter and take regular readings at home
- enthusiasm and positivity around the device's ease of use
- lack of preventive education around Covid-19 and viruses in general in vulnerable communities
- community platforms as potential route to raise awareness on the benefits of pulse oximetry.

## Impact/outcomes

Equity of access to pulse oximetry was improved. Community leaders—trusted and well-respected figures in minority groups have the capacity to influence healthcare promotion and engagement on a communal scale. Engaging with trusted figures, tapping into existing community support systems and utilising word-of-mouth spread could all help to enfranchise vulnerable communities. The lessons learned from this initiative are being applied to disseminating health education through other community networks.

Recommendations were provided to Oxfordshire CCG on how to improve the update of pulse oximeters in deprived groups. The Oxford AHSN shared learning from this initiative regionally and nationally through AHSN and NHS networks.

## Next steps

Oxfordshire CCG continues to explore opportunities to access vulnerable communities to offer pulse oximeters, including people with long-term conditions that affect the heart and/or lungs, where measuring oxygen levels could be helpful. The University of Oxford research team is considering further research based on the themes identified in this exploratory qualitative study.

## Contact

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<sup>4</sup> <https://www.oxfordshireccg.nhs.uk/>

<sup>5</sup> <https://www.arc-oxtv.nihr.ac.uk/>

<sup>6</sup> <https://www.phc.ox.ac.uk/research/interdisciplinary-research-in-health-sciences>

<sup>7</sup> <https://www.oxfordahsn.org/our-work/covid-19/covid-19-case-studies/supporting-covid-oximetry-home/>

## **Oxford AHSN Case Study 3: Delivering IV antibiotic treatment in patients' homes eases pressure on hospital beds**

**Date:** Q2 2122

**Theme/Patient pathway:** Clinical Innovation Adoption

### **What's the challenge and solution?**

Pressure on inpatient hospital beds is a longstanding issue – and one that has taken on greater significance through the pandemic. Alternative ways are being actively sought to treat patients safely and appropriately without needing to admit them to hospital or that reduce the time they spend in a hospital bed by facilitating safe discharge at an earlier stage in their recovery.

Elastomeric devices are small, single use pumps used to administer medication such as intravenous (IV) antibiotics or chemotherapy. Because they can be used at home, they have the potential to help to relieve pressure on hospital beds for patients who would otherwise remain in hospital just to receive IV therapy. The pumps can also patients to remain at home and avoid admission.

### **What did we do?**

The Adopting Innovation and Managing Change in Healthcare Settings programme<sup>8</sup> is a Masters-level course delivered by the Oxford AHSN and Bucks New University, providing students with the information, skills and support they need to introduce an innovative idea into practice within their organisation. Since it started in 2016 more than 200 NHS innovators have completed the programme.

One of them is Sophie McGlen, Ambulatory Care Lead Pharmacist at Oxford University Hospitals, who applied her learning to initiate a local project introducing elastomeric devices into clinical practice, providing IV antibiotic treatment in patients' homes, and supporting earlier discharge from hospital.

The Oxford AHSN has worked with the pharmacist and her team to understand the impact of the new pathway on length of stay, hospital bed days saved and patient experience.



### **Impact/outcomes**

To date, 86 patients have been discharged with the device to complete their IV antibiotic treatment at home. As a result over 1,100 bed days have been saved. Feedback was gathered from patients with a significant majority saying they were very happy with the device and would use it again.

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<sup>8</sup> <https://www.oxfordahsn.org/our-work/adopting-innovation/workforce-support/adopting-innovation-and-managing-change-in-healthcare-settings-programme/>



**Future plans**

The Oxford AHSN is working with the OUH team to develop a local project that supports other NHS hospitals in the Oxford AHSN region interested in introducing the devices. This includes developing an implementation support document, produced in collaboration with the OUH, which describes the journey undertaken to introduce the devices into clinical practice, training and governance requirements and lessons learned.

Future plans include webinars for NHS trusts to understand more about the different models of care that could be adopted, operational considerations and support for introducing the devices into practice.

The OUH and the Oxford AHSN have also worked with NHS Supply Chain which looked at this project as part of its Value Based Procurement programme. This programme shifts emphasis from reducing product costs to looking at reducing total costs within a patient pathway. NHS Supply Chain is due to publish a case study of this work later this year.

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## Oxford AHSN Case Study 4: Widely adopted pre-eclampsia test has additional environmental benefits

Date: Q2 2122

Theme/Patient pathway: Strategic and Industry Partnerships

### Overview

Routine use of a blood test to rule out pre-eclampsia which is keeping thousands of pregnant women safe and out of hospital, as well as reducing NHS costs, has carbon reduction benefits too. A report from the Oxford AHSN and Sustainable Healthcare Coalition<sup>9</sup> assessed the additional environmental impact of all England's maternity units adopting the placental growth factor (PIGF) test. The consequent cut in patient journeys and overnight hospital stays could potentially save over 1,000 tonnes CO<sub>2</sub>e – equivalent to three million miles of car travel each year.



### What's the challenge and solution?

Quick, accurate blood tests which can help rule out pre-eclampsia are contributing to safer pregnancies and better outcomes for tens of thousands of pregnant women and their unborn babies<sup>10</sup>. More accurate diagnosis reduces the need for admission and enables a clearer focus on women needing closer monitoring. The pandemic has underlined the importance of safe and effective care and minimising unnecessary hospital admissions. Within four years of the first real world evaluation in the Oxford AHSN region, 119 of England's maternity units (two-thirds of the total) have adopted the test into standard clinical practice following a rapid adoption project led by AHSNs. This is a successful example of AHSNs understanding the challenges to adopting new technology and helping the NHS and innovators work together to overcome them.

As a result, the cost and clinical resource benefits of adopting PIGF testing into properly designed maternity care pathways are well established. Many of these benefits bring additional environmental benefits related to reductions in travel, hospital stays and healthcare but these had not yet been quantified.

### What did we do?

Analysis was carried out to better understand the environmental impact associated with maternity service delivery incorporating PIGF-based testing for diagnosis of pre-eclampsia compared to the traditional pathway model.

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<sup>9</sup> [https://www.oxfordahsn.org/wp-content/uploads/2021/07/PIGF\\_CaseStudy\\_210720-FINAL.pdf](https://www.oxfordahsn.org/wp-content/uploads/2021/07/PIGF_CaseStudy_210720-FINAL.pdf)

<sup>10</sup> <https://www.oxfordahsn.org/our-work/strategic-and-industry-partnerships/the-innovation-exchange/spread-and-adoption-of-supported-innovations/pre-eclampsia/>

**Impact/outcomes**

Based on NICE guidance DG23 Resource Impact Model the number of projected admissions for suspected pre-eclampsia at Oxford University Hospitals fell from 920 to 536 following the introduction of PIGF testing - 386 fewer admissions per year. For each patient avoiding hospital due to the test the greenhouse gas emissions saved are 91kg CO<sub>2</sub>eq, equating to 35 tonnes across the trust as whole. In addition, 37 cubic metres less water would be used and almost two tonnes less waste generated.

Extrapolated nationwide, 1,149 tonnes CO<sub>2</sub>eq – equivalent to three million car miles – would be avoided. Annual cost savings for NHS England due to reduced admissions and patient monitoring would be £4 million (based on £250-600 saving for each woman not required to come to hospital after the test ruled out pre-eclampsia). Contributory factors include reductions in outpatient appointments, hospital admissions, pre-term births and neonatal care.

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## **Operational Review**

### **Introduction**

Between April 2020 and August 2021 there were 3.9 million fewer elective procedures than the year before. The elective backlog stands at 5.9 million and whilst there has been a reduction in patients waiting over 52 weeks, the backlog is growing by 100,000 cases a month. NHS services are managing a steady rise in hospitalisation and emergency callouts as COVID-19 case rates rise. Maternity services are struggling with the frequent presentation of unvaccinated mothers very ill with COVID. Rising cases of norovirus and RSV in children is a concern, and COVID is present in almost 1 in 10 school children.

For the Oxford AHSN and the national AHSN Network this means we need to stay focussed on interventions to reduce winter pressures by helping patients better manage their long-term conditions and improve patient safety to reduce emergency admissions. We will also support the adoption of innovations including remote monitoring, remote consultation technologies and supporting the new community diagnostic hubs. The Oxford AHSN and the AHSN Network are also looking at interventions to address the elective backlog over the short and medium term. Our Clinical Innovation Adoption team has enrolled five GP practices in a bone health programme. Progress has also been made on the roll-out of elastomeric devices. Both bone health and elastomeric devices will alleviate pressure on urgent care and support elective recovery.

The Oxford AHSN's performance on national programmes and innovation products is positive with good engagement and uptake throughout the region.

### **Strategy and clinical themes**

The Oxford AHSN is making good progress started to develop its strategy framed by the national AHSN Network Strategy and local NHS priorities, increased regional collaboration and the significant academic and industrial life science capability in the Thames Valley. Nicola Bent, Deputy CEO of Wessex AHSN, kindly ran a 'rapid insights' session on values with all our staff which will form part of the strategy.

We are focussed on four health and care priorities where we have developed a critical mass of knowledge and engagement and which align with the priorities in the Thames Valley and across South East England. These are:

- Cardiovascular disease
- Mental health – children and young people and workforce
- Maternity and neonatal
- Respiratory

In addition, the Oxford AHSN is a leader in AI, diagnostics and patient and public involvement.

We are identifying the key strategic actions we need to take to deliver the five-year strategy.

### **Integrated Care Systems and merging CCGs**

In collaboration with BOB ICS we have commissioned Kent Surrey Sussex AHSN to produce an inequalities dashboard for the Oxford AHSN population. We have also reached out to BLMK, Frimley and Public Health England colleagues to involve them in the project. The beta version is live and we are now developing more detailed modules to support the health and care priorities identified in the strategy.

The AHSN's COO is meeting the BOB ICS Head of Strategy each month to improve alignment between the two organisations. There is shared ambition to make the BOB region more attractive to industry healthcare innovators, and to support this goal the AHSN's Strategic and Industry Partnerships (SIP) team also has regular meetings with BOB Head of Strategy.

On 6 October the CEOs of Eastern and Oxford AHSNs presented to the BLMK Partnership Board on the role of the AHSNs. Both AHSNs are running a rapid insights workshop on innovation on 3 November for the BLMK Partnership Board and their key stakeholders. The MOU with Eastern is working well and there is clarity on which AHSN is supporting the system, e.g. Oxford has opted to lead on asthma biologics and lipid management across the whole BLMK system.

Eastern, Oxford and BLMK CCG have agreed to jointly fund a management post embedded in the CCG to improve the 'pull' of innovation into BLMK – the job description is finalised and recruitment will begin soon.

The AHSN's SIP team initiated discussions with BOB ICS and industry partners to contribute to the development of the community diagnostic hubs and led a successful collaborative bid for NHSX funding to support innovation in the perioperative care pathway and elective recovery.

**The practical course for healthcare innovators we created** in 2015, has now successfully trained 300 frontline staff through collaborative working with academia and the team's participation. The 11th cohort started at Bucks New University during Q2. We are evaluating the course and considering how to fund it in the future.

### **Developing the organisation**

The first monthly whole team get together planned for 4 October was postponed due to concerns about rising COVID infection rates. We have agreed to proceed with the get together on 1 November, but staff have been asked to take a lateral flow test, wear FFP2 grade masks and to miss the event if they have any symptoms of respiratory illness. These regular monthly meetings give all teams a chance for a face-to-face meeting and to network – particularly important for staff feeling socially isolated and new members of the team to introduce themselves and get to know their colleagues. There are signs that the office is being used a little more. Katherine Edwards commissioned an easy-to-use desk booking app which is very helpful.

The whole AHSN team meets every Monday for a general update. On Wednesdays we also have a regular 'show and tell' session for teams to share insights into their work. We have also heard from a wide range of external speakers. The senior team meets twice a week. All these regular meetings take place online and there are no immediate plans to alter these arrangements.

We have commissioned Wessex AHSN to undertake a review of Oxford AHSN's evaluation skills.

Eleanor Kilsby, our new programme manager, leading on planning and reporting and management of the Oxford AHSN pipeline, is already making an important contribution. We have agreed to add more clinical resources to support our health and care priorities – we would like to offer secondment opportunities for operational staff to gain experience in improvement and innovation adoption methodology and working with industry. The AHSN will gain from their experience, knowledge and networks.

KSS and Oxford are advertising for a joint management post to lead on environmental sustainability across the two regions. The role holder would also work with colleagues in Wessex and the regional team.

Collaboration with the ARC is strong. Tracey Marriott and the Oxford and Thames Valley ARC finalised a bid for the National Innovation Prioritisation Programme (NIPP) on virtual TIA clinics which will report by March 2023 in time for potential national roll-out in 23/24.

The AHSN's COO meets regularly with his counterpart at Oxford Academic Health Partners to improve alignment.

We are sorry to say goodbye to Jo Murray, who has been a key member of the team for nearly five years, primarily working on the deterioration programme. During wave 2 of COVID she made a huge contribution to the oximetry programme locally, regionally and nationally. It's great that she will be leading Wessex AHSN's Patient Safety Collaborative so we will continue to work with her.

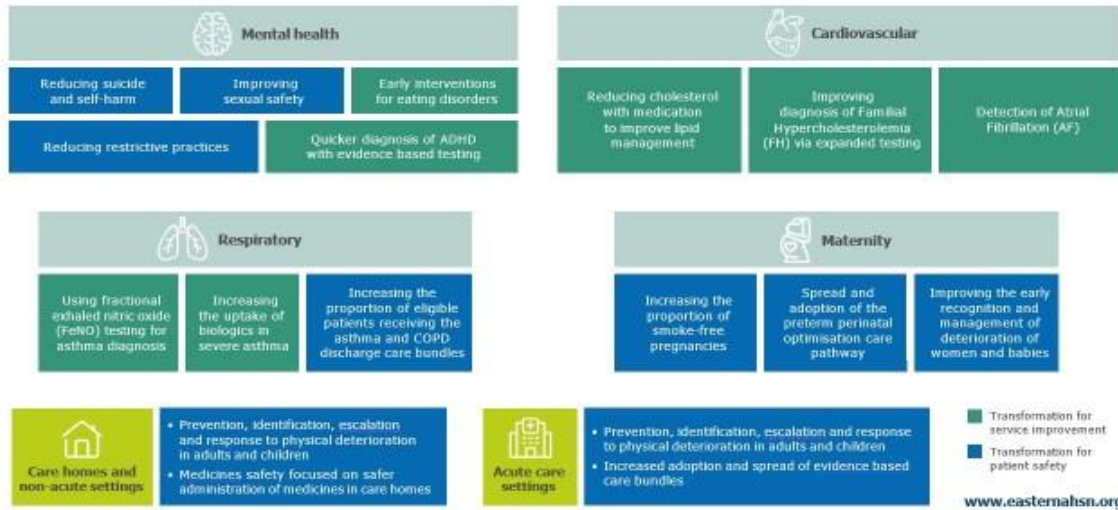
### **National, regional and local programmes**

The national programmes and main local programmes are set out below. Home blood pressure monitoring will start in Q3. Inclisiran has been added to the RUPs and Tamoxifen has been withdrawn.

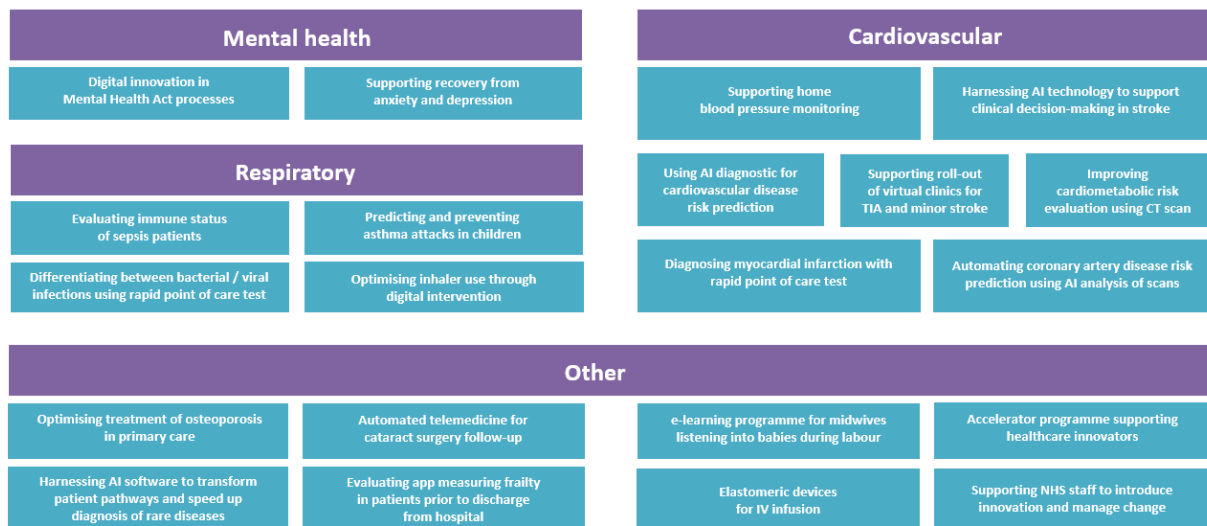
The AHSN Network has agreed with commissioners to start two new national programmes – Long COVID Reinventing Rehabilitation and Polypharmacy. The initiation is staged with AHSNs starting just one of these programmes with the aim to share learning before all AHSNs commence both programmes next April, subject to certain conditions being met. Oxford AHSN has opted for Polypharmacy, an area where we have some experience. In this quarter all AHSNs commenced the roll-out of Inclisiran. Given the pressures in primary care we believe the roll-out will be a challenge.

We have regular alignment meetings with KSS and Wessex AHSNs and the regional team about follow-on programmes to spread across the South East.

## Nationally commissioned work 2021/22: key areas of impact



## Locally commissioned work 2021/22: clinical focus areas



## Progress of national programmes and innovation products

Programme/product RAG	Comments
Eating Disorders	Berkshire's team is motivated and engaging positively in the delivery of FREED. Buckinghamshire has a FREED Champion and is establishing their FREED Team. Additional funding has been made available via the Community Mental Health Transformation programme which offers the opportunity for recruitment to the Team. Buckinghamshire anticipate "soft" launching in early Q3.
ADHD	Buckinghamshire Neurodevelopmental Service is aiming to implement QbTest as soon as possible. This decision was made in 2020, but implementation has been delayed by negotiations on contractual and IG issues. There are a few final issues on the contractual side which are not anticipated to cause long delays. Should be implemented during Q3.
Lipid management	Activity and performance in Q2 was as expected. Engagement at ICS level remains positive though capacity of primary care to deliver lipid optimisation remains a risk going forward. Statin intensification in particular is going well across the region and the AHSN is supporting this further through sharing learning from practices, PCNs and CCGs that have made concerted efforts to increase the number of people on a high intensity statin. In BLMK CCG work continues to establish the community lipid service; this will support achievement of all RUP targets and will also improve identification of patients with FH.
Fractional Exhaled Nitric Oxide breath analyser (FeNO)	Amber, as target has been increased to include PCNs that rejected FeNO and will not be able to attract PTF funding.
Asthma biologics	Additional GSK funding secured for BOB ICS which will bring significant resource for delivery of pathway improvement. Key roles recruitment took place with agreed start date. Formal project kick off took place in Sept 2021.
Heartflow	Progressed Buckinghamshire Healthcare to Stage 4, only Royal Berkshire remains at Stage 2.
Securacath	Four trusts at Stage 5 and the remaining trust, Milton Keynes, remains at Stage 4 but is now being supported by BLMK CCG
Gammacore	The clinical leads at the headache clinic service at RBH have expressed an interest in implementing gammaCore and have eligible patients but are currently referring patients to OUH as they have not been able to implement a local pathway. Alternative approaches are being pursued to secure engagement with the correct stakeholders within RBH.

## Report by clinical priority area (not exhaustive – see programme reports for all projects in our pipeline)

### Cardiovascular

- **CVD/lipid management** programme is making very good progress with trajectories for HIST, PCSK9i and ezetimibe being met. Work commenced on planning and engagement on the **Inclisiran** rollout.
- Practice pack for **home blood pressure monitoring** developed. CIA and Community Involvement and Workforce Innovation teams worked together to develop a support offer to ICSs ahead of the hypertension self-monitoring programme which will launch in Q3.
- **AI evaluative work on Brainomix** - milestone interim report covering the 5 ISDNs (32 sites) nationally, capturing their pathways and interviews held with clinicians that provide insights into the AI imaging software technology's impact on services
- **EchoGo Pro** - real world evaluation of the impact of Ultromics' EchoGo Pro for automating coronary artery disease risk prediction in stress echocardiogram clinics.
- Supporting FedBucks in evaluating and implementing a D-dimer point of care test in their **deep vein thrombosis** clinic.



- Bid in collaboration with the ARC submitted to the National Innovation Prioritisation Programme for an evaluation of **Virtual TIA clinics**.
- **Atrial Fibrillation**: 3 successful bids supported bringing £90k into the region. Targeted atrial fibrillation detection in COVID-19 vaccination clinics published in European Heart Journal, Quality of Care and Clinical Outcomes<sup>11</sup>.
- The AHSN supported the BOB ICS to develop a comprehensive bid for **early identification of heart failure** which successfully secured £199k for the health economy

### Maternity/Neonatal

- **Place of birth** - Q2 data on preterm births born in the right place demonstrates sustained improvement with 91% of babies less than 27 weeks' gestation being born in a centre with a Level 3 neonatal intensive care unit
- **Pre-term optimisation** - £47k secured from HEE
- **BOB Maternity dashboard** signed off
- **Deferred cord clamping** - moderate incremental improvements from a baseline of 29% in 2020 for the trusts in the Thames Valley and Wessex Neonatal Network area to 38% in Q2.
- Rate of MgSO4 administration in pre-term labour to reduce incidences of **cerebral palsy** increased to 94% across the year.
- **Steroids** - 94% of mothers giving birth 23-33 weeks' gestation receive at least one dose of steroids and 43% receive two doses. The current focus is to improve uptake of two doses.
- **PIGF**. Q2 has been dedicated to provision of ongoing support to trusts and CCGs nationally to help them transition from provision of the test under ITP funding to the MedTech Funding Mandate.

### Mental Health

- **ADHD - QbTest** is already implemented in Berkshire and Oxfordshire, and Buckinghamshire CAMHS service aims to implement shortly. We are currently exploring with Kent Surrey and Sussex and Wessex AHSNs the potential for improving ADHD identification and assessment for those in contact with youth offending services, and those most at risk of school exclusion. The project is amber as we need to catch up to meet the target
- **FREED** Berkshire Healthcare is making significant progress with 16 assessments undertaken and one patient on the FREED pathway. Buckinghamshire is due to launch in July 2021 and the numbers benefitting from FREED are due to increase significantly in Q2.
- **S12 Solutions**. Oxfordshire has gone live and is the first in BOB ICS to adopt S12.
- **Sleepio**. During Q2 the six PCNs in North Hampshire CCG (in Wessex AHSN region) have continued to partner with Big Health to embed Sleepio in primary care. In Q2 there have been 133 registrations and 85 CBT starts. Despite officially closing in November 2020, the Innovate UK-funded Thames Valley project, continues to provide support for those in the Thames Valley. In Q2 there have been 768 registrations and 492 CBT starts within our patch. Discussions with Big Health around pricing have continued. The challenges of payment for digital therapeutics such as Sleepio was discussed with Lord Kamal and Matt Whitty

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<sup>11</sup> Atrial Fibrillation: <https://doi.org/10.1093/ehjqcco/qcab061>

- **Student mental health.** We continue to explore student mental health as a potential area where the AHSN may add value - we are liaising with NHSE/I SE Clinical Networks and Kent Surrey Sussex AHSN. Interviews with identified stakeholders from universities, NHS and voluntary sector organisations begin in Q3.
- **Meet the clinicians** – Sian Rees facilitated two sessions at TheHill for innovators to meet service users and clinicians to discuss mental health needs and solutions
- Berkshire Healthcare’s Medical Director, Minoos Irani has agreed to chair the Mental Health Steering Group
- We explored with our local stakeholders the need for a **CBT** programme for **dementia carers**. There is already service provision for dementia carers so we will not be pursuing START

## Respiratory

- The Oxford AHSN is leading on the national roll-out of the **Asthma Biologics** RUP programme and through collaborations (national NHSE/AAC, clinicians, industry, AHSNs/NHS). We concluded the Asthma Biologic Benchmarking analysis (200 sites nationwide responded) and launched the SPECTRA app. Both were shared with all AHSNs at our national deployment briefing session (this is jointly led with Wessex who lead on FeNO). Asthma Biologics dashboard launched. Planning tool for all 15 AHSNs complete.
- Fractional Exhaled Nitric Oxide (**FeNO**) for the diagnosis and management of Asthma project - redesigned pathways across four PCNs, incorporating appropriate use of FeNO testing
- A pilot project with Oxfordshire CCG to proactively distribute **pulse oximeters** to areas of socio-economic deprivation 12, designed as an exploratory qualitative study in three settings, a food bank, mosque and a homeless shelter via linked GP practice has been evaluated with Professor Trish Greenhalgh via the NIHR Applied Research Collaboration for Oxford and the Thames Valley. Uptake is improved when you have someone who can advise about the healthcare intervention, and someone who is a trusted member of the target community - see case study above.
- **COPD and Asthma Discharge Care Bundles** have been adopted by all acute Trusts. We have made continued progress, particularly in COPD care bundles; 35% of discharged COPD patients receive all elements of the bundle, which exceeds the national average for the first time.

## Diagnostics

- The SIP team set up a structured programme around in vitro diagnostics in 2016 and one of the major successes of the programme was the roll out of pre-eclampsia testing. The value of diagnostics has been realised during the COVID-19 pandemic. In continued support of the diagnostics industry, a portfolio of case studies has been developed<sup>13</sup>.

## Other clinical areas

- **Medicines optimisation** – Seema Gadha is the AHSN representative for the SE on the RMOC
- **Heartflow** and **SpaceOAR** numbers are progressing. **SecurAcath** is in excess of target

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<sup>12</sup>Leveraging Faith Based Organisations in Raising Awareness on Pulse Oximetry: an exploratory mini-study, Laiba Husain and Yusra Shammoun: <https://www.phc.ox.ac.uk/news/blog/leveraging-faith-based-organisations-in-raising-awareness-on-pulse-oximetry-an-exploratory-mini-study>

<sup>13</sup> <https://www.flipsnack.com/burstdesign/ahsn-oxford-point-of-care/full-view.html>

- **Bone Health:** the case-finding tool was finalised, tested and launched with a webinar; 9 GP Practices agreed to participate in this first stage launch and evaluation activity
- **Elastomeric devices** to administer IV antibiotics and chemotherapy either at home or in hot covid wards. Significant bed days can be saved through adoption of this technology. We are working with Oxford University Hospitals and NHS Supply Chain. There is the potential to scale this pilot.
- **Ufonia** has developed an **automated speech-based service** (Dora) to contact patients who have undergone cataract surgery to assess their eye health and need for further follow up. The impact of this project is to increase patient satisfaction of their follow-up care and relieve clinician burden as an increasingly ageing population affects workload demands.
- **Rare diseases.** Mendelian has developed software called MendelScan which scans the coded sections of a patient's GP record looking for rare genetic diseases. SIP is evaluating the use of MendelScan to see if it reduces the time it takes patients to obtain a diagnosis of their rare disease

### **Workforce**

We are supporting the BOB ICS on two programmes linking to staff retention - the fourth theme in their people strategy. This quarter we commenced phase 2 of the enhanced occupational health and wellbeing evaluation in collaboration with an independent evaluator. A review of flexible and homeworking policies was undertaken across the BOB ICS.

Three AHSNs (Kent Surrey Sussex; Wessex; Oxford) are undertaking an evaluation together for the South East Leadership Academy. Interviews are being undertaken with senior leaders to evaluate the utility of regional health and wellbeing resources during the pandemic.

Across all 15 AHSNs in England, workforce leads have gathered to collaborate, establishing what can improve the workforce in either pathway redesign or innovation. The Oxford AHSN represents on both the steering group and operational group.

### **Environmental sustainability**

The AHSN Network Community of Interest on Environmental Sustainability held the second in a series of webinars, this time on reducing the carbon impact of anaesthetic gases, particularly desflurane. 257 people registered, and 135 people attended the live event which was recorded. Many anaesthetists attended and there was good representation from NHS trusts and the AHSN Network. The event exceeded expectations and received very positive feedback on the day. Subsequently at least one NHS trust has been in touch asking for help in addressing substitution of desflurane. The next event on asthma inhalers is planned for January 2022.

### **Economic growth and company support**

106 companies were supported in July-September (64 last quarter). The 2.5-day pre-Accelerator programme in early September had 28 innovators signed up. This led on to a final pitch day in October to win a place on the final eight-week Accelerator programme. In September, Oxford AHSN assumed the chairing of the HealthTech Connect innovator portal from North East and North Cumbria AHSN. HealthTech Connect is a secure, online database of devices, diagnostics and digital health technologies that are intended for use in the NHS or wider UK health and care system.

## **Communications and stakeholder engagement**

The move to online working has enabled faster and more inclusive collaboration. Our Practical Innovators and Accelerator programmes are now fully established online.

We have continued to add to the growing bank of case studies demonstrating how we supported our partners<sup>14</sup>. We took part in regional and national online events and publications with partners in other AHSNs, the NHS, research and industry. These included a webinar contributing to the drive to achieve a net carbon zero NHS and a workshop on understanding patient data. Our Chief Executive, Professor Gary Ford, chaired an expert panel on digital transformation in the NHS at the in-person HETT conference.

We published our business plan which includes our local and national priorities. We aim to publish an interactive digital brochure in quarter 3 describing some of the key programmes in more detail.

We expanded our website. Areas in which new content was added included asthma biologics - we are leading this national AHSN initiative to improve care for people with severe asthma and have created a toolkit to support other AHSN, clinicians and commissioners. We continued to invest in social media activities to help reach a wider audience. Our Twitter followers passed 6,000 this quarter. We remain on track to pass 1,000 LinkedIn followers this year.

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<sup>14</sup> Case studies demonstrating how we supported our partners: <https://www.oxfordahsn.org/our-work/covid-19/>

## Finance

Table 1 shows the plan and forecast outturn by commission. Table 2 shows the plan and forecast outturn as at Q2 by programme, theme and corporate. In line with our MSA, corporate overheads are under 25%.

Table 1. Commissioner	Forecast Outturn %	Forecast Outturn (£)	Opening plan (£)	Resource Plan (WTE)
[NHSE] Corporate Overhead	20%	1,094,349	1,114,507	7
[NHSE] Programme Overhead	2%	130,999	134,980	2
[NHSI] Patient Safety Collaborative	10%	542,602	577,901	7
[NHSE] National Programme	21%	1,134,940	1,143,127	10
[NHSE] Local Programme	17%	915,797	861,735	9
[NHSE] Office for Life Sciences	21%	1,116,529	1,150,217	13
Other expenditure	7%	402,352	356,202	2
<b>Total Expenditure</b>		<b>5,337,568</b>	<b>5,338,669</b>	<b>50</b>

Table 2. Financial Year Ending 31 March 2022		
	Opening Plan	Forecast
<b>INCOME</b>		
Commissioning Income - NHS England Master Licence	2,723,651	2,723,651
Commissioning Income - Office for Life Sciences	823,900	823,900
Commissioning Income NHSI - PSC	577,901	542,602
Other Income - Partner Contributions	330,000	330,000
Other Income - Grant Funding from Accelerare Ltd	211,981	120,192
Other Income - Management Charges	25,000	27,902
Other Income - Patient Safety & Clinical Improvement	0	90,750
Other Income - Clinical Innovation Adoption	298,000	369,264
Other income - Strategic & Industry Partnerships	319,917	284,458
Other Income - CIWI	28,320	24,850
<b>Total income</b>	<b>5,338,669</b>	<b>5,337,568</b>
<b>AHSN FUNDING OF ACTIVITIES</b>		
Patient Safety	577,901	542,602
Clinical Improvement	215,407	218,684
Clinical Innovation Adoption	1,445,115	1,546,662
Strategic & Industry Partnerships	1,150,217	1,116,529
Community Involvement & Workforce Innovation	433,613	429,796
Communications, events and sponsorship	134,980	130,998
Contribution to AHSN Network	168,000	183,022
Pipeline Costs	55,872	31,016
General Contingency	0	0
<b>Programmes and themes</b>	<b>4,181,105</b>	<b>4,199,309</b>
<b>CORPORATE</b>		
Pay costs	701,710	714,103
Non-pay costs	455,854	424,156
<b>Total Corporate Costs</b>	<b>1,157,564</b>	<b>1,138,259</b>
<b>Total expenditure</b>	<b>5,338,669</b>	<b>5,337,568</b>
<b>Net Income/Expenditure</b>	<b>0</b>	<b>0</b>

## Risks and issues

Primary care is stretched and this may impact Inclisiran uptake. We are working through plans to mitigate the risk including monthly information and best practice sharing sessions with KSS and Wessex AHSNs.

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

## Patient Safety and Clinical Improvement (PS&CI)

Progress on all workstreams has been as planned for Q2, although some notable challenges exist in engagement with care homes due to system pressures.

We are sad to say goodbye to one of our Senior Programme Managers Jo Murray, who has been a key member of the team for nearly 5 years, primarily working on the deterioration programme, and wish her well in her new role as Associate Director of Patient Safety at Wessex AHSN. Jon Vollam will now take over her role

### Managing Deterioration Safety Improvement Programme (ManDetSIP) – National Programme

The overall aim of this programme is to reduce deterioration-associated harm by improving the prevention, identification, escalation, and response to physical deterioration, through better system co-ordination and as part of safe and reliable pathways of care. This programme has three distinct elements:

- COVID Oximetry @home
- Recognition and response to physical deterioration in non-acute (out of hospital) settings
- Supporting the roll-out of the national Paediatric Early Warning Score (PEWS)

#### Covid Oximetry @home

The pilot project with Oxfordshire CCG to **proactively distribute pulse oximeters to areas of socio-economic deprivation**<sup>15</sup>, designed as an exploratory qualitative study that took place initially in three settings (a food bank, mosque, and homeless shelter via linked GP practice) has been evaluated with Professor Trish Greenhalgh and team from Oxford University via NIHR Applied Research Collaboration for Oxford and the Thames Valley. Key learning was that uptake is improved when you have someone who can advise about the healthcare intervention, and someone who is a trusted member of the target community.

#### Recognition and response to physical deterioration in non-acute (hospital) settings

Progress continues to be made supporting local partners to **roll out RESTORE2**<sup>16</sup> in care homes and other care settings as well as **Personalised Care Support Plans (PCSPs) in relation to deterioration**. All our partner systems are implementing **ReSPECT**<sup>17</sup> to complement existing documentation, supporting consistency across service user pathways, focusing on digital solutions.

We held our quarterly **regional Deterioration and Sepsis Stakeholders Patient Safety Network** meeting in September, chaired by Dr Andrew Brent, regional clinical lead, with the members of our newly formed Care Home Patient Safety Network invited to attend. The agenda focused on RESTORE2 and ReSPECT with progress, approaches and resources shared. Next steps include exploring opportunities to research/evaluate implementation of ReSPECT, and further building on the evaluation of RESTORE2.

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<sup>15</sup>Leveraging Faith Based Organisations in Raising Awareness on Pulse Oximetry: an exploratory mini-study, Laiba Husain and Yusra Shammoon: <https://www.phc.ox.ac.uk/news/blog/leveraging-faith-based-organisations-in-raising-awareness-on-pulse-oximetry-an-exploratory-mini-study>

<sup>16</sup> RESTORE2: <https://www.patientsafetyoxford.org/clinical-safety-programmes/sepsis/news2-national-early-warning-score/>

<sup>17</sup> ReSPECT: <https://www.resus.org.uk/respect>

### Paediatric Early Warning Score (PEWS)

We continue to collaborate with the Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network, NHS SE Children and Young People programme, as well as Kent Surrey Sussex and Wessex Patient Safety Collaboratives (PSCs) supporting seven Trusts across the South East to test the national PEWS tool. This is part of the System-wide Paediatric Observations Tracking<sup>18</sup> (SPOT) Programme. Teams remain engaged and feedback on the charts has been incorporated. This has led to delays as the charts are revised and testing is now expected to start in Q3.

In addition, we continue to use the Suspicion of Sepsis<sup>19</sup> (SoS) dashboard as our high-level measure of deterioration management. Mortality continues to be slightly higher than national average since the pandemic (demonstrated by the two peaks in April 2020 and January 2021), with average length of stay consistently at or below national average over the last 5 years.

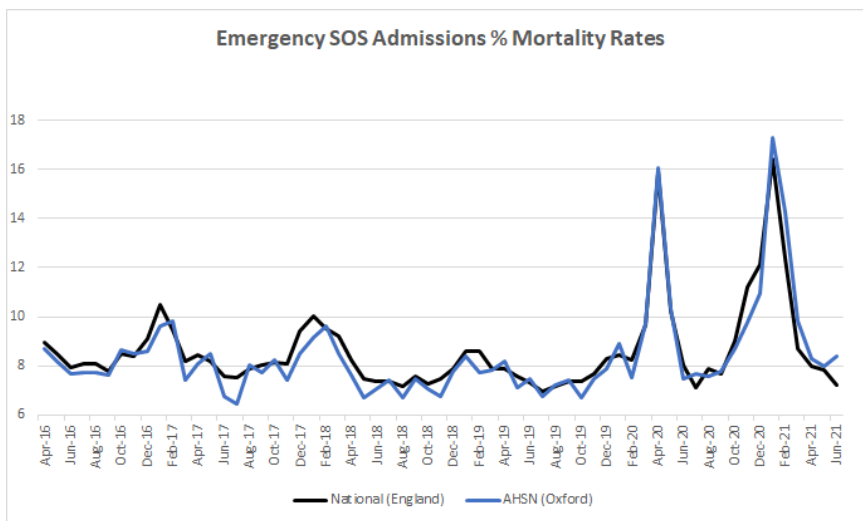


Figure 1 Emergency SoS Admissions % Mortality Rate

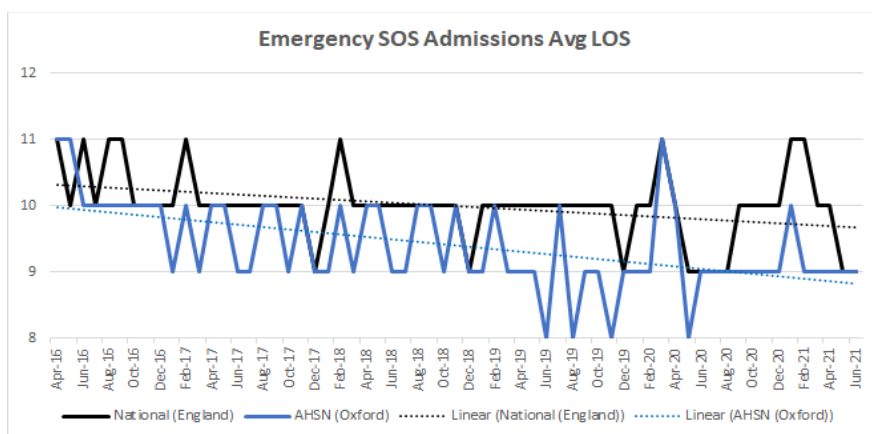


Figure 2 Emergency SoS Admissions Average Length of Stay

<sup>18</sup>System-wide Paediatric Observations Tracking: <https://www.rcpch.ac.uk/resources/paediatric-early-warning-system-pewsystem-developing-standardised-tool-england>

<sup>19</sup> Suspicion of Sepsis: <https://www.patientsafetyoxford.org/news/new-nhs-sepsis-identification-tool-built-on-ahsn-collaboration/>

## **Maternity and Neonatal Safety Improvement Programme (MatNeo SIP) – National Programme**

The MatNeo SIP programme aims to improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation, providing a high-quality healthcare experience for all women, babies, and families across maternity care settings in England.

The Oxford PSC is supporting the delivery of the MatNeo SIP national programme ambitions in collaboration with our well-established regional maternity and neonatal Patient Safety Networks (PSNs). We work closely with our Local Maternity & Neonatal Systems (LMNS) - Buckinghamshire, Berkshire, Oxfordshire (BOB) and Frimley. We contribute to the SE Perinatal Safety Group chaired by the Regional Chief Midwife and to the BOB LMNS Serious Incident Panel set up to align with the requirements of the Patient Safety Strategy (2019) and the Ockenden report (2020).

### **Optimisation care pathway for the preterm**

**External funding has been secured** to support delivery of the optimisation care bundle through the development of an education and QI project working with a multidisciplinary team of key stakeholders across the Southeast. The funding 'model' is a collaboration, with the largest share of the funding coming from Health Education England and pro rata contributions from BOB, Frimley, Southampton, Isle of Wight & Portsmouth (SHIP) LMNS and the Thames Valley & Wessex Neonatal Network (TV & Wessex ODN). The project has generated significant interest with our stakeholders, and we plan to co-produce this work with parents. The overall aim is to translate national guidance and evidence into clinical practice to improve outcomes for preterm babies and knowledge and confidence for the midwives, doctors, neonatal teams, and paramedics caring for this group of women. The working group will meet in November to begin scoping work.

### **Place of Birth**

Q2 data on preterm births born in the right place demonstrates **sustained improvement with 91% of babies less than 27 weeks' gestation being born in a centre with a Level 3 neonatal intensive care unit (NNAP cumulative data for Jan –Sep 2021). Data on the timely administration of Magnesium Sulphate shows sustainability of our improvement work and is currently at 94% for trusts in the Thames Valley neonatal network.**

### **Optimal cord clamping QI project**

The aim of the MatNeoSIP cord clamping project is to support an increase in the proportion of eligible preterm babies who (less than 34 weeks' gestation) who receive delayed cord clamping at the time of birth to 95% or greater by 2025.

Current data is very encouraging, and we are pleased to see moderate **incremental improvements from a baseline of 29% in 2020 for the trusts in the Thames Valley and Wessex Neonatal Network area to 38% in Q2. Trusts in the BOB LMNS have improved from a baseline of 45% in 2020 to 58% for Q2. Frimley (including WPH) are currently at 61% for Q2 and Milton Keynes have improved from a baseline of 26% in 2020 to 58% for Q2.**



### **QI work on the timing and administration of antenatal steroids**

The aim of this project is to support an increase in the proportion of women (less than 34 weeks' gestation) with threatened preterm labour receiving a full course of steroids within one week prior to delivery to 95% or greater by March 2023. This work is being led by our MatNeoSIP regional clinical improvement leads and is very encouraging considering the significant staff pressures on services.

Current data indicates that 94% of mothers who give birth between 23 and 33 weeks' gestation receive at least one dose of steroids and more recent data on those receiving two doses (a full course) indicates that we are at 43%. Keen to do better, the current focus for our patient safety network is on prospective data collection to identify the proportion of mothers who receive two doses, at least one week prior to giving birth, and importantly tease out the underlying reasons so that we can target improvements. The project will go live in November.

**Overall, the data reflects that the evidenced based interventions our very preterm babies are receiving is improving outcomes for this very vulnerable cohort thanks to the dedication and commitment of our patient safety networks.**

### **Regional perinatal governance group**

The group met in September supported by our MatNeoSIP lead. Attendance was excellent, a reflection of the value of the group particularly during the current service pressures. This continues to be an important forum for sharing safety concerns, a safe space for organisations to share and learn from each other and share practical examples of safety recommendations incorporated into clinical practice. The group are beginning to use the BOB LMNS funded dashboard to benchmark quality metrics at a trust level but also at a regional level, this is proving to be a valuable investment. We have developed a live tracker to support our trusts to demonstrate that 100% of their Perinatal Mortality Reviews (PMR) have an external reviewer (MIS & Ockenden requirements) and pleased to say this is now working very well. We continue to have a focus on our term baby admissions to neonatal units (ATAIN); it is proving to be a 'wicked' problem, but we remain committed to improvement.

### **Medicines Safety Improvement Programme (Med SIP) – National Programme**

The overarching aim of this programme is to reduce medication-related harm in health and social care, focusing on high-risk drugs, situations and vulnerable patients. It will contribute to the 2017 WHO Challenge target to reduce severe, avoidable medication related harm globally by 50% over five years. The PSCs have been commissioned to work on two main workstreams:

1. Improving the safety of administration of medicines in care homes
2. Reducing inappropriate high-dose opiate prescribing for non-cancer pain

### **Care Homes**

Although the situation had improved from Q1 2021/22, the care home sector continued to be severely impacted by the pandemic during Q2. The Covid-19 care home capacity tracker showed infection rates of residents and staff to be lower, but staff shortages and wellbeing issues, exacerbated by the new requirement for mandatory vaccination of all care home staff, and coupled with low occupancy rates continued to make their capacity for engagement a challenge. However, we now have **three Cohort 1 care homes working with us** on the testing phase of MedSIP, while other avenues of engagement with potential further homes continue to be actively pursued.

Conversations have been held with the registered managers of each home, and in consultation with their senior staff, they have selected which of the four interventions they wish to test. Two have chosen 'Learning from', and the other managing interruptions in drug rounds.

We have developed training packages to deliver basic QI and project set up knowledge suitable for care home staff, to equip them with the skills and tools to run their own QI projects. An online session was delivered to one home during this quarter, and they are now engaged in collecting baseline data. Sessions are booked to deliver this with our other Cohort 1 homes but staffing issues in the homes have precluded these being as soon as was hoped for, with the dates being in early Q3.

The nationally developed and validated Safety Attitudes Questionnaire (SAQ) for care homes which will provide a proxy measure for baseline data, was administered in all three homes during Q2, the resulting data analysed, and sent to the National Patient Safety Improvement team.

### Care Homes Patient Safety Network

The new Care Homes Patient Safety Network met twice during Q2/2021. Meeting have been well attended by senior stakeholders, including the BOB SRO for Care Home. Following presentations from BOB constituent Places, work is almost complete to map all care home-related support work, either in progress or planned, across the region to identify potential overlaps and opportunities for collaborations. Currently the network membership is solely from the BOB ICS. However, once it's structure and function has matured, facilitation of a similar network will also be offered to Frimley ICS

### Deprescribing Opioids

As the awaited new guidance from NICE is not yet available, no further progress on this workstream in Q2. It is likely that system level change will be most appropriate, and engagement with the work at ICS level will be necessary.

### Adoption and Spread Safety Improvement Programme (A&S SIP) – National Programme

#### COPD and Asthma Discharge Care Bundles

**All regional acute care trusts have adopted both care bundles into practice.** Success criteria is measured through the National Asthma and COPD Audit Programme (NACAP). We have made continued progress, particularly in COPD care bundles. 35% of discharged COPD patients in our area now receive **all** elements of the bundle (the 'Appropriate Care Score' below), which exceeds the national average for the first time. **This is a significant increase from 8% over the last 6-months.** The **average across all elements** received by patients has also risen (the 'Composite Quality Score' below; **discharged COPD patients are now receiving an average of 74% of the bundle (up from 55%, 6-months ago).**

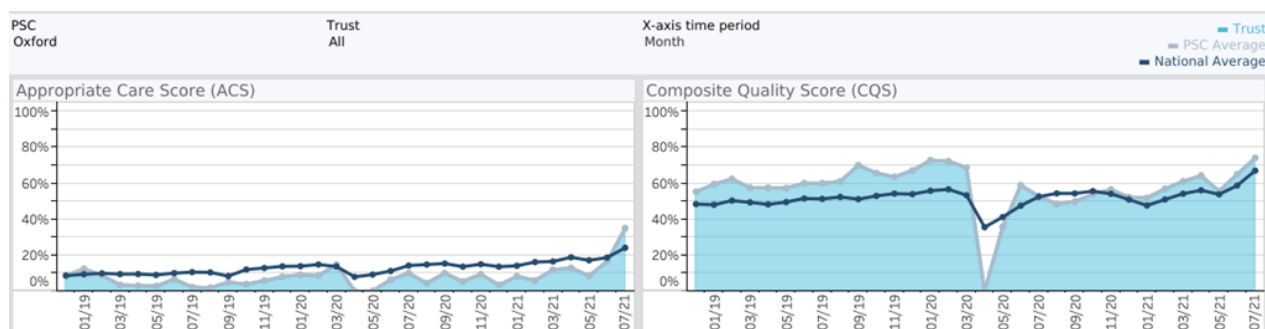


Figure 3 COPD patients care bundle scores - 'Appropriate Care Score' and 'Composite Quality Score'

Whilst trusts in the region are performing favourably in comparison to those nationally, there are differing areas of potential improvement for each Trust. Recent work in this area has focussed on:

- Exploring opportunities for hospital Trusts to better identify asthma and COPD patients admitted to acute care, especially at weekends and outside office hours, using electronic patient records systems
- Supporting one Trust to establish a process to ensure community follow-up for asthma and COPD patients recently discharged from acute care
- Working with colleagues in a local Integrated Care System to form a respiratory network, to improve shared learning

## **Mental Health Programme**

Oxford AHSN maintains a significant focus on mental health within its work. The AHSN's mental health programme comprises national, regional and local programmes. In the next quarter we will hold the first Steering Group for Mental Health with key stakeholders from across the region to help us with current work and develop future work that is relevant and useful to our locality.

## **Mental Health Patient Safety Improvement Programme (MH SIP) – National Programme**

The emphasis of the MH SIP throughout Q2 has continued to be on

- Workstream 1: Reducing restrictive practice (RRP) in inpatient MH and LD services.
- Workstream 2: Reduce suicide and self-harm in inpatient mental health services, the healthcare workforce and non-mental health acute settings and Workstream 3: Improve the sexual safety of patients and staff on inpatient mental health units are effectively re-scheduled and now unlikely to be launched until January 2022.

We are working with all three MH Trusts in our area; Berkshire Healthcare, Central and North West London (Milton Keynes site) and Oxford Health, offering support to Trusts includes on-site visits to work with ward teams on data collection and QI coaching.

Including the **patient's voice and meaningful use of individuals with lived experience** should be achieved in Q3 via an innovative arrangement being procured by the South of England Quality and Patient Safety Mental Health Collaborative (SoE MHC). SoE MHC are procuring from the third sector 'Mentoring by Experience' (loosely based on the principle of reverse mentoring) to provide suitable ex-patients with lived experience. They will sense check projects, mentor work stream leads and attend relevant meetings and events. Piloting this innovation will help inform wider AHSN work. The SoE MHC continues to be a useful collaboration for us, and they now have a calendar of events and coaching sessions for Trusts to participate in for the next 6 months.

## **Anxiety and Depression (IAPT) Network – Local Programme**

The overarching objective of this network is to continuously improve patient outcomes and service delivery through new, innovative approaches, working very closely with its' active Patient Forum.

The focus of this quarter has been on supporting and project managing the complex development activity associated with Paddle phase 2, patient post-discharge follow-up study. It involves developing 2 different EPR systems to get them fit for purpose in dealing with post-discharge data as well as ensuring secure ways of transferring data to and from Paddle app to the EPR systems. As well as offering advice on Paddle functionality and text, our Patient Forum members have contributed to several events including a workshop on Men's Mental Health and presenting at Paddle Phase 2 training sessions for staff in Oxfordshire, Berkshire and Buckinghamshire.

The IAPT Network is also continuing to work on exploring ways of supporting those patients who generally don't respond well enough to treatment (the latent profile 7 group).

The network has received partial funding from regional HEE (£50,000) to continue with the Positive Outcomes for Personality Disorders Programme (PD POP). Currently awaiting decision from national HEE on any additional funding, another £70,000 is required to fully deliver the programme.

We continue to work with Age UKs across our area to support them in their work with older people particularly in respect of those who have been isolating during the pandemic. Two training courses commissioned from the Samaritans ran earlier in the year, during September a further course was provided for Age UK staff on the topic of Understanding and Responding to Grief.

We are now looking at whether the time is right to re-commence our pre-pandemic network, looking at increasing older people's access to psychological therapies. In the meantime we are working with IAPT Older Adult Leads across our area to increase collaboration and share best practice.

## **Focus ADHD – Introduction of computerised test into ADHD assessment – National Programme**

Focus ADHD is a national AHSN programme aimed at improving ADHD assessment for school age children. The core of the programme is implementation of a computerised test such as QbTest. This test is already in place in Berkshire and Oxfordshire ADHD Services. Buckinghamshire ADHD Service will begin implementation shortly, after some delay in signing contracts. This caused us to fall short of our Q2 target, however, now implementation is starting we expect to be able to meet our Q3 target. We are currently exploring with Kent Surrey and Sussex and Wessex AHSNs the potential for improving ADHD identification and assessment for those in contact with youth offending services, and those most at risk of school exclusion. Also, in collaboration with these two other AHSNs, we have set up a South East Community of Practice for clinicians and services managers working in children's ADHD assessment services, and held two very successful meetings.

## **S12 Solutions – supporting the process of Mental Health Act assessments – Regional Programme**

S12 Solutions is an app and website providing S12 doctors with a tool to indicate their availability for undertaking Mental Health Act assessments. Approved Mental Health Professionals (AMHPs) can then build an assessment team using the most appropriate doctors available. Doctors can also create and submit payment claim forms. This is one of the innovations within the SE Regional Collaborative Spread and Adoption initiative and is widely adopted across England. Discussions took place within the BOB area about adopting this as an ICS, and the AHSN has assisted with local business cases. It is anticipated that Oxfordshire will be the first in the ICS area to adopt this platform, during this autumn.

## **Student mental health - Regional and Local Programme**

We continue to explore student mental health as a potential area where the AHSN may be able to add value - we are liaising with NHSE/I SE Clinical Networks and Kent Surrey Sussex AHSN on this. The work would link in with CYP focus, population health and would dovetail with work on eating disorders, all of which are highlighted within the NHS Long Term Plan (LTP) and BOB ICS LTP response plan. Across our footprint we are looking for examples of good practice, what is working well, concerns and challenges, and variations. Interviews with identified stakeholders from universities, NHS and voluntary sector organisations begin in Q3. The report on the scoping work will be produced at the end of the year.

## **Local NHS Futures Mental Health Workspace**

Along with Kent Surrey and Sussex, and Wessex AHSNs, we host a Mental Health Workspace where we share recordings of events and any useful documents, as well as giving the opportunity for people working in mental health in the South East the opportunity to participate in the Discussion Forum. Anyone interested in this Workspace, please head to the NHS Futures, find the Workspace and request to join.

## Clinical Innovation Adoption (CIA)

The CIA Programme deploy nationally funded commissions, from NHSEI (CVD, FREED, Atrial Fibrillation), Accelerated Access Collaborative, Rapid Uptake Products (National Leads - Tracey Marriott/James Rose) Asthma Biologics, FeNO testing, Lipid Management and NHSx, Technology Specific Evaluation Team (TSET – National Lead – Tracey Marriott) for Brainomix for the AI Award 2020-2024.

### Key achievements this quarter for deploy:

- We concluded our **Asthma Biologic** Benchmarking analysis (200 sites nationwide responded) and launched the SPECTRA app. Both were shared with all AHSNs at our national deployment briefing session (this is jointly led with Wessex who lead on FeNO).
- **Fractional Exhaled Nitric Oxide (FeNO)** for the diagnosis and management of Asthma project: Successfully redesigned pathways across four PCNs, incorporating appropriate use of FeNO testing.
- **National CVD programme:** Progress has been made on the National Lipid Programme with trajectories up to July 2021 being met. The contract for the BLMK PTF lipid project was fully executed and patient facing activities are expected to start in Q4. CIA and Community Involvement and Workforce Innovation (CIWI) teams worked together to develop a support offer to ICSs ahead of the hypertension self-monitoring programme which will launch in Q3.
- **AI Evaluation:** Produced a milestone interim report that covers the 5 ISDNs (32 sites) nationally, capturing their pathways and interviews held with clinicians that provide insights into the AI imaging software technology's impact on services. Also worked with KSS AHSN on the quantitative analysis of publicly available SSNAP data.

Within the **develop** stage of innovation, we are responsive to regional challenges and development opportunities such as Meds Optimisation (polypharmacy); focused support for regional CVD optimisation projects and evaluating digital technologies for CVD that improve patient management and outcomes; quality improvement work that often involves technology enablers for example, the patient case finder tool required for our Osteoporosis in primary care. During this quarter, bid writing support and collaboration has attracted over £300k for the region.

### Key achievements within the develop stage include:

- **Atrial Fibrillation: 3 successful bids supported:**
  - £30k was secured from industry for a remote AF detection programme in primary care;
  - £30k was awarded to Frimley ICS bid;
  - £50k was received for BOB ISDN bid to support AF improvement and inequalities programmes.
- **Heart failure (HF):** The HF inequalities project (joint working between Oxford AHSN and Astra Zeneca) completed its first practice successfully; four other practices have expressed an interest and are expected to complete in Q3. The AHSN supported the BOB ICS to develop a comprehensive bid for early identification of heart failure which successfully secured £199k for the health economy. The Excellence in Heart Failure toolkit was finalised and will be shared widely in Q3.
- **Bone Health:** the case-finding tool was finalised, tested and launched with a webinar; 9 GP Practices agreed to participate in this first stage launch and evaluation activity.

## Other activities

**The Innovation Course created** in 2015, has now successfully trained 300 frontline staff through collaborative working with academia and the team's participation. The 11th Cohort started at Bucks New University during Q2.

**The Oxford and Thames Valley Applied Research Collaborative (ARC)** connections with Oxford AHSN, are managed by the CIA Team, who, during Q2, worked with University of Oxford to develop a proposal for a joint project to the new National Insights Priorities Programme (NIPP). The ARC collaboration has successfully extended to include KSS and Wessex AHSNs and ARCs, creating a dynamic and fertile product development environment for the South-East Region.

## Publications

**Atrial Fibrillation:** Targeted atrial fibrillation detection in COVID-19 vaccination clinics published in European Heart Journal, Quality of Care and Clinical Outcomes<sup>20</sup>.

**Sleepio:** Does adjunctive digital CBT for insomnia improve clinical outcomes in an improving access to psychological therapies service?<sup>21</sup>

**Opioid:** Dependence and withdrawal associated with some prescribed medicines: An evidence review<sup>22</sup>.

## Key Planned activities for Q3

- Lipid Management: Continue to support BLMK CCG through the implementation phase of the community lipid project. Work with all stakeholders on the Inclisiran programme.
- Hypertension: work with CIWI team to deliver our support offer for hypertension self-management as part of the national programme.
- Bone Health: Case-finding tool and project resources provided to practices and initial baseline reports run. A webinar will be scheduled with participating practices to discuss the results.
- Elastomeric Devices: presentation at Chief Pharmacists' meeting plus webinars will be scheduled for trusts wishing to implement the elastomeric devices, highlighting the impact and lessons learned from OUH.
- Heart Failure: launch the Excellence in HF toolkit and continue to support BOB ICS with planning and delivery of the HF inequalities programme.
- The Adopting Innovation and Managing Change in Healthcare Settings programme: Further discussion with HEE South-East to discuss possible funding of places for the February 2022 cohort.
- NHS Insights Prioritisation Programme (NIPP) development: TIA Clinics Evaluation

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<sup>20</sup> Atrial Fibrillation: <https://doi.org/10.1093/ehjqcco/qcab061>

<sup>21</sup> Sleepio: <https://doi.org/10.1016/j.brat.2021.103922>

<sup>22</sup>Opioid:[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/940255/PHE\\_PMR\\_report\\_Dec2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940255/PHE_PMR_report_Dec2020.pdf)

## Deploy - National Programmes

### CVD Prevention

#### Background:

The AHSN network national CVD programme for 2021-2023, builds on the atrial fibrillation (AF) national work achieved previously. It consists of lipid management, including familial hypercholesterolaemia (FH), hypertension and AF and combines the NHSEI and AAC commissions.

#### Lipid Management

##### Progress in Q2

- The contract with NENC AHSN for the BLMK PTF bid (£123k) was fully executed and the project implementation has commenced with a procurement process to identify a community lipid provider. Support continues to be provided to BLMK CCG around the implementation of this project which will start patient facing clinics in Q4.
- Following an engagement exercise, a practice in East Berkshire has been identified as the pilot site for the FH Child-Parent screening programme in our region. Detailed implementation planning has now commenced with the aim of starting to offer screening for FH in late Q3/ early Q4.
- Meeting with AAC regarding Inclisiran project and expectations of AHSN network.
- Case study developed and shared nationally of good practice for statin intensification in Buckinghamshire.
- Buckinghamshire AAC RUP PCSK9i project is well underway with secondary care reviews already being carried out and data entered on Redcap. Target practices have been identified and communications sent with patient review in primary care expected to start in Q3.
- Trajectories for high intensity statins (HIST), PCSK9i and ezetimibe have been achieved for year to date (data available up to end of July 2021).

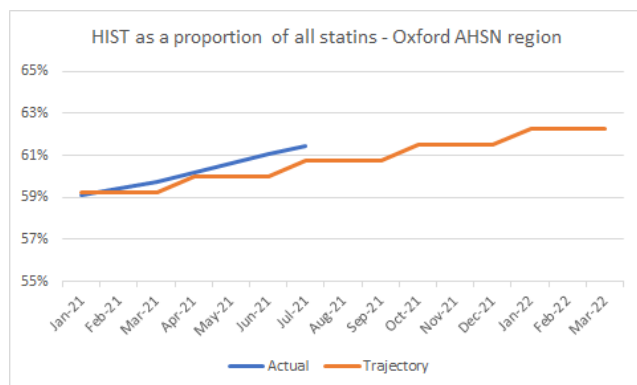


Figure 4 HIST as a proportion of all statins

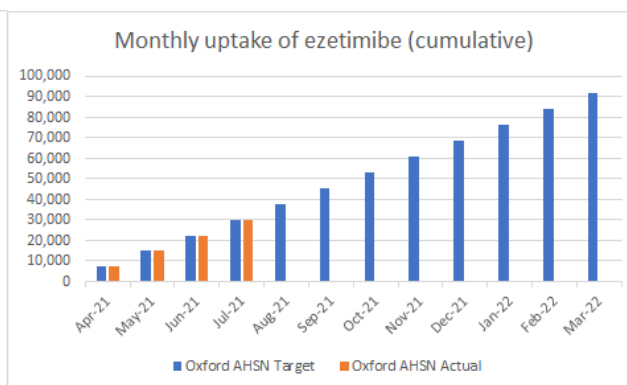


Figure 5 Monthly cumulative uptake of ezetimibe

##### Plans for Q3

- Continue to support the implementation of the BLMK community lipid programme.
- Engage with ICSs regarding prescribing quality schemes for 2022/23, linked to primary care Directed Enhanced Services contract for statin prescribing.
- Support the implementation of the FH child-parent screening programme in East Berkshire (pilot practice).
- Support the Inclisiran population health management programme across the AHSN region.



## AAC RUP PCSK9i programme

Delivery through two separate Pathway Transformation Projects which have been awarded funding from the AAC.

- **Buckinghamshire CCG**

- Project aims to identify, work up and refer highest risk secondary CVD prevention patients.
- Model includes a pharmacist-led lipid management service in primary care in a number of PCNs across Bucks.
- In last quarter 400 patients have been reviewed from retrospective records, of which 60 patients have been recalled for testing and/or medication changes.
- Clinical protocols, Data protection Impact Assessments and Data Processing agreements all now in place for work to commence in primary care next quarter.
- Expression of interest forms sent to practices in PCNs with greatest health inequalities.

- **Royal Berkshire**

- Project has created a new cardiac pharmacist role to support secondary prevention around lipids for patients discharged from cardiology services.
- Recruitment complete and a cardiac pharmacist and nurse are now in post.
- Cardiac pathway developed and launched, and patients being review with expected improvements in numbers of patients optimised on lipid lowering therapy, and eventually PCSK9i therapies.

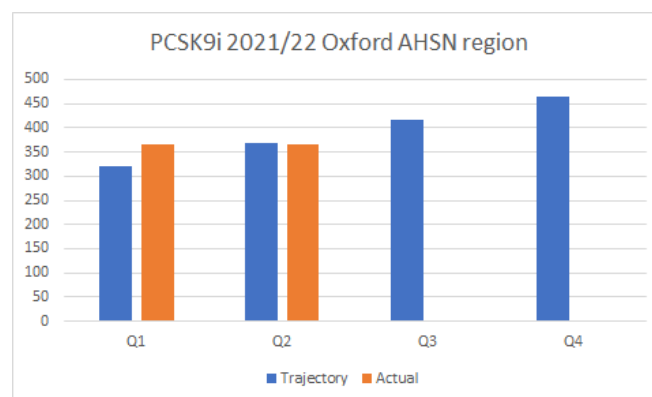


Figure 6 PCSK9i 2021/22 Oxford AHSN Region

## Hypertension

### Progress in Q2

The CIA team have worked collaboratively with colleagues in the CIWI team to engage ICS Clinical Leaders and develop a support offer aligned to the existing BP@home workstream and the forthcoming national AHSN self-management of hypertension programme which will launch in Q3.

### Plans for Q3

- Support implementation of UCLP proactive care frameworks in exemplar practices.
- Identify workflow changes required to systematically adopt self-management of hypertension.

- Support ICSs to develop high quality patient information and to increase patient and community awareness of what hypertension is and why self-monitoring is important.
- Investigate digital solutions where these would add value to the pathway.

## Atrial Fibrillation

### Progress in Q2

- Supported development and sign-off of data sharing agreements and data protection impact assessments for the OMRON-CardioSignal AF detection project.
- £30K funding secured from Pfizer-BMS alliance to support AF detection pilot.
- Supported BOB ISDN to secure £50K funding to support work around AF inequalities and continued to work with ISDN lead on development of plans and implementation.
- Editorial on AF detection in COVID-19 vaccination clinics published in the European Heart Journal: Quality of Care and Clinical Outcome.

### Plans for Q3

- Launch Omron-CardioSignal project in 2 practices.
- Continue to work with BOB ISDN on AF inequalities projects.

## FREED (First episode Rapid Early intervention for eating disorders) – National Programme

The central focus of the programme is on supporting ‘emerging adulthood’ and Champions, who are there to support young service users, help patients and their families navigate the adult eating disorders services.

Following initial engagement, a more detailed FREED assessment is conducted within two weeks and service users may be offered an evidence-based treatment that may include treatment for adults with anorexia, individual or group eating disorder-focused cognitive behavioural therapy (CBT-ED), Specialist Supportive Clinical Management (SSCM), eating disorder focused family therapy (FT) or eating disorder-focused Focal Psychodynamic Therapy (FPT).

The CIA Team supported the successful applications to NHSEI, for FREED pump-priming funds. This has enabled Berkshire Eating Disorders Service (BEDS) and Buckinghamshire’s ED service to recruit FREED Champions and offer a service from June 2021 via BEDS, with a further ‘soft’ launch for Buckinghamshire in October 2021.

A South-East FREED Support Network has been established to share good practice and help develop services in other locations, primarily Oxfordshire. The Network also aims to provide a forum for other innovations to be considered for adoption to support FREED and to raise issues, such as workforce or additional training, from the participating teams.

2020-2021 (Started Apr 21)	Assessed	Used FREED
Q1	16	6
Q2	41	8
Q3		
Q4		

## Plans for Q3

- Meet with leadership of Oxfordshire Eating Disorders Service to explore the practicalities of implementing FREED within the service.
- Explore the potential for adopting Support Hope and Recovery Online Network (SHaRON) in the Buckinghamshire Eating Disorder Service.
- Soft launch for FREED in Buckinghamshire.
- Working with colleagues from Oxford Health to work out how FREED might fit alongside Community Mental Health Transformation work in High Wycombe and Marlow and how it may engage through Primary Care; potentially using a similar model to that used in Cambridge and Peterborough.

## NHSx-AAC Artificial Intelligence in Health and Care Award

This is a three-year programme as the Technology Specific Evaluation Team for Brainomix, on behalf of NHSx-AAC that officially started on 1 April 2021.

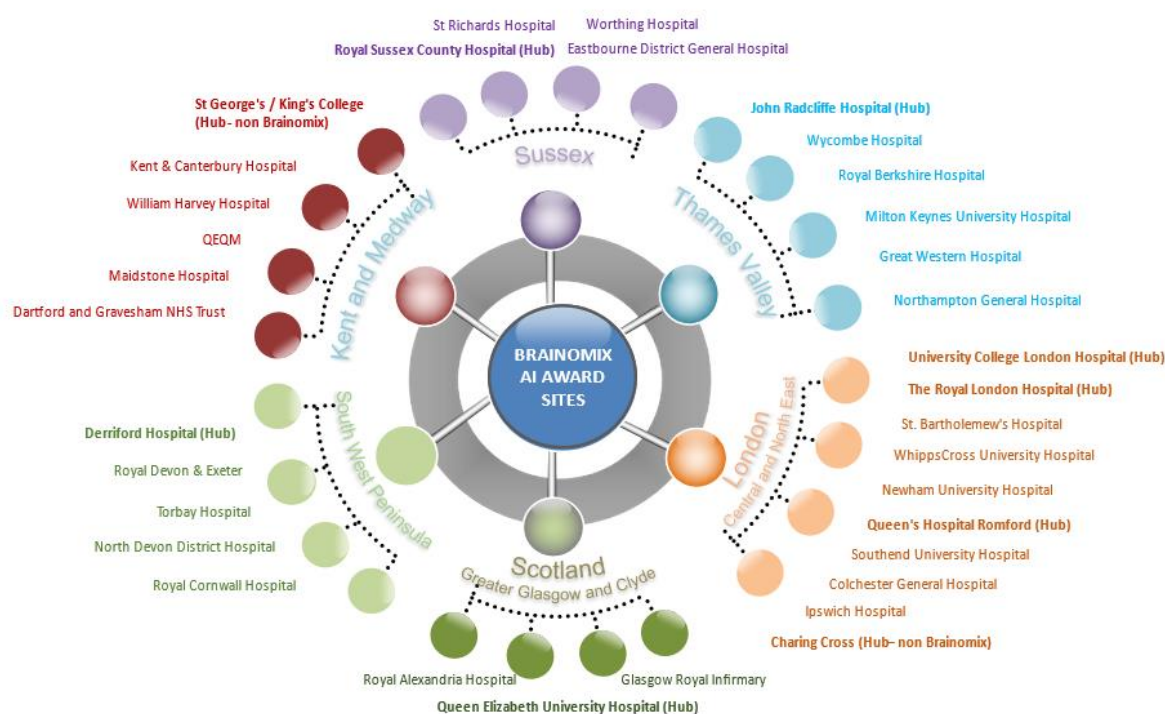


Figure 7 Sites within the AI Brainomix Evaluation

## Progress in Q2

Progression of the baselining and implementation phase of the evaluation. This included:

- Creation and submission of the September Interim Report for NHSx
- Baseline analysis of the qualitative interviews and pathway mapping
- Delivery of literature review encompassing risk factors for stroke, treatment of stroke, patient outcomes measures, patient rehabilitation, patient and carer experience
- Quantitative data and analysis in conjunction with KSS analytics team with publicly available stroke national audit (SSNAP) data, supporting the evaluation effectiveness theme. The quantitative data outcomes may help to inform the profiling and clustering work
- Baseline health economic analysis

- Initial development of options for the safety and accuracy theme evaluation methods
- Direct contact with the stroke national audit team and workup of direct data to be provided subsequently
- Database development for profile and clustering work
- Creation and submission of the second quarterly report for NHSx
- Regular meetings with Brainomix to discuss go-live dates for deployment and progress.
- Extensive stakeholder engagement directly and through attendance and presentations at ISDN meetings
- Ongoing qualitative interviews, pathway mapping exercises, including the use of an alternative online survey for qualitative feedback
- Information governance: ongoing DPIA, DSA and DSP form management to establish data sharing agreement for national audit extracts, if required
- Contacts identified to pursue patient and public engagement across the integrated stroke delivery networks

### **Plans for Q3**

- End of Phase report for November (i.e. adding analysis to the September Interim Report/including comments from the Working Group members etc)
- Third quarterly report in December/early January
- Ongoing pathway mapping exercises and qualitative interviews
- Ongoing establishment of Information Governance with sites
- Defining specification for the quantitative data and data submission request to SSNAP through the Healthcare Quality Improvement Partnership (HQIP)
- Ongoing database development to support profile and clustering work
- Second workshop with working group. Intention is to provide an update to ISDN clinical leads on evaluation activities to date
- Agree membership of the steering group and first meeting to be arranged
- Value Theme work to include baseline analysis of the impact of the use of the technology in demands upon rehabilitation services and ongoing health economic evaluation analysis
- Patient workshop being arranged with support of the Oxford AHSN Community Involvement and Workforce Innovation team
- Ongoing stakeholder engagement and management

*The NHS-EI South-East Region Stroke AI Evaluation which includes other suppliers, will complete end of October 2021. This has evaluation has focused more on qualitative interviews and available quantitative data.*

## AAC Activities

### Asthma Biologics

This AAC Programme is led nationally by Tracey Marriott and James Rose (Joint National Leads), Seema Gadhia (Pharmacist Lead) and Marianna Lepetyukh (Strategic and Industry Partnerships Project Manager).

### Background

Biologic therapy drugs – to improve symptoms and reduce asthma attacks in people with severe asthma by helping to stop the body processes that cause lung inflammation.

The programme is aiming to improve care for severe asthma patients through earlier identification of patients with uncontrolled asthma and treatment escalation to biologics for appropriate patients. There are 11 priority areas under exploration:

Priorities/Areas of focus for delivery over the next 12 months		
Understanding the current picture and potential barriers to adoption	1)	Development of an adoption scoping report to investigate barriers in prescribing biologics
	2)	Modelling on variation in prescribing and referral practices across Trusts and regions as a tool to engage and discuss changes in practice
	3)	Attempt audit of wait times for initiating biologics
Early identification and Enhanced Roles	4)	Early identification and healthcare professional training Pharmacy enhanced roles
Pathway Improvement	5)	Development of a consensus pathway/algorithm
	6)	Grow home/self-administration
	7)	Grow home monitoring
Capturing great practice and looking at how we disseminate	8)	Partner with specialist centres, acute trusts and primary care (via AHSN) and gather best practice and utilise case studies
	9)	Develop Spread and Adoption Toolkit
Reimbursement and coding mechanisms	10)	Development of a code for severe asthma
	11)	Identify potential levers and incentives

## Progress in Q2

### National Delivery

The CIA Team coordinated the AHSN Network to sign and execute eight Pathway Transformation Fund (PTF) contracts (100%) and attended several kick-off/steering group meetings. For non-PTF sites, ongoing support was provided to ensure understanding of the potential opportunities that AAC Rapid Uptake Products Asthma Biologics programme may have to offer.

National benchmarking exercise was launched. Nearly 200 organisational responses from tertiary and secondary care sites, PCNs and GP practices and commissioning organisations were collected by AHSN Network in previous Quarter 1 have now been analysed and report written on collating the quantitative and qualitative responses and providing some visual comparative data around variation nationally.

Regional benchmarking data reports were shared back with the AHSN leads to encourage and support them in using the insights to engage with the systems and develop local plans.

Moving in to the “Delivery” stage, the CIA Team has developed and shared a template – Framework for Local Improvement Plan, to support the AHSN Network Asthma Biologic leads to capture and articulate plans for improvement in their areas in order to reach the agreed trajectory assigned to each AHSN. All AHSN Local Improvement Plans have been submitted, then reviewed and individual feedback provided back to each AHSN by the CIA Team.



Figure 8 Overview of AHSN-led activity

The CIA Team supported the launch of one of the key resources for the programme in the Q2 - an AAC endorsed primary care search tool to identify patients with uncontrolled asthma, SPECTRA tool (*Identification of SusPECTed severe Asthma in Adults*). SPECTRA tool is now live and there are 48 primary care practices that have registered to use it. SPECTRA tool has been developed with AZ and Oberoi. The CIA Team has worked with South, Central and West Clinical Support Unit (SCW CSU) to develop Data Protection Impact Assessment (DPIA) template to support AHSN leads and primary care practices with the Information Governance requirement.



Successful OLS Educational Grant of £15k was awarded to develop Educational Package to support primary care in early identification in the patient pathway with the chosen provider Cogora.

Currently actuals have tracked planned trajectory. Impact of AAC/AHSN Network activity to be realised in Q3 and Q4.

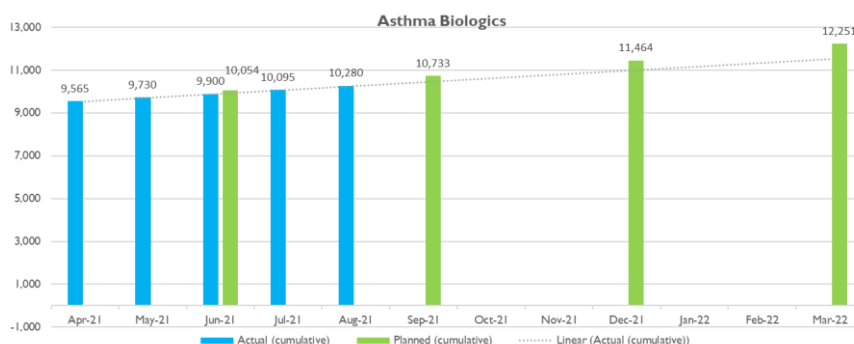


Figure 9 Asthma Biologics actuals vs planned trajectory

## **Oxford AHSN Regional Delivery**

- In addition to already granted PTF funding of £186k, the Oxford AHSN team has also successfully supported partner organisation Oxford University Hospitals NHS FT in securing £68k of GSK Grant, to support BOB ICS PTF Project.
- BOB ICS PTF Agreement was successfully executed.
- Milestones for Stage 1 - Project preparation and planning were successfully complete with:
  - The formation of ISAC Collaborative.
  - The recruitment process (job descriptions and job plans drafted, approved and advertised) and appointments to the key roles (Respiratory Consultant and Integrated Asthma Pharmacist).
  - Formal kick-off meeting.

## **Plans for Q3**

### **National Delivery**

- The next phase for AHSN Network is to begin the delivery of local improvement plans (PTF and non-PTF delivery)
- Further collaborations via theme focused sub-groups
- Communicate benchmarking outputs to local stakeholders
- Launch of an NHSBSA Oral Corticosteroid Metric to look at prednisolone prescribing (a proxy for patients with potentially uncontrolled asthma)
- Launch of Digital toolkit – a diverse suite of public-facing online tools and resources for clinicians, AHSN leads and patients
- Further progress is planned on workstream focussing on Healthcare Professional Training - Educational Package and Launch of Podcast 1
- AAC and AHSN Network invited to speak at the Respiratory Show – @NEC, Birmingham
- AAC and AHSN Network invited to speak at the Pharmacy Show – @NEC, Birmingham
- International Benchmarking Workshops on Canada, Belgium and Germany

### **Oxford AHSN Regional Delivery**

- Recruitment to the remaining roles (SAC Clinical Pharmacist, Integrated Asthma Nurse and Integrated Asthma Care Coordinator) is underway for this project
- Identification and recruitment of 9 PCN sites for pilot across BOB ICS
- Planning for Stage 2 – Pathway and Protocol Development and Piloting

## Rapid Uptake Products 2021/22

### Fractional Exhaled Nitric Oxide breath analyser (FeNO)

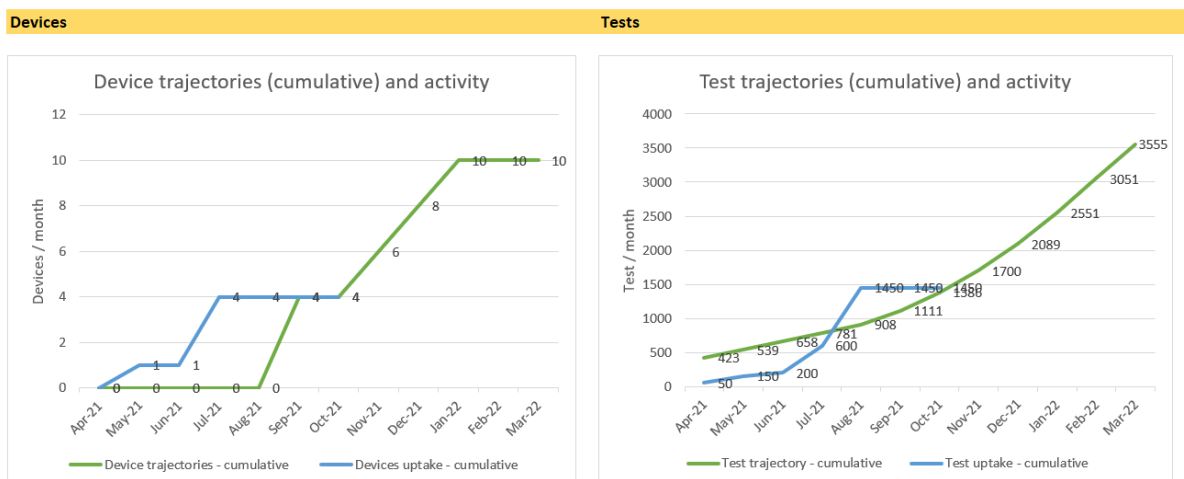
A FeNO test is a way of measuring the amount of nitric oxide in an exhaled breath. This test can help with the diagnosis of asthma by showing the level of inflammation in the lungs. FeNO is used for assisting in diagnosis and management of asthma. FeNO is one of the AAC's Rapid Uptake Products.

Benefits of FeNO - clinicians (primary care)	Benefits of FeNO - patients
<ul style="list-style-type: none"> <li>• Faster and more accurate diagnosis within primary care.</li> <li>• Increased objectivity of patient evaluation by using fractional exhaled nitric oxide as a biomarker for the indication of active airway inflammation.</li> <li>• A positive FeNO test, alongside respiratory diagnosis and lung function tests, supports diagnosis which could otherwise be complex.</li> <li>• Potential for use in monitoring patient response to treatment by measuring their FeNO score before and after treatment – treatment could be adjusted accordingly.</li> <li>• Covid 19 – deemed as low risk for being aerosol generating as per published guidance from the Association for Respiratory Technology and Physiology (ARTP).</li> <li>• FeNO is recommended by NICE as a diagnostic tool for asthma.</li> </ul>	<ul style="list-style-type: none"> <li>• More accurate diagnosis of asthma.</li> <li>• Non-invasive, simple and safe test.</li> <li>• Patients are less likely to be referred onto secondary care for additional testing.</li> </ul>

## Progress in Q2

Working with four Primary Care Networks (PCNs) we have successfully redesigned their asthma diagnosis and management pathways to incorporate FeNO testing (where appropriate). Relevant staff at each PCN have also completed training delivered by a specialist respiratory nurse as part of the suppliers' training package (either Bedford or Circassia). Monitors and mouthpieces have been received by all sites.

Progress against trajectories:





The figures show that we are on track against trajectories for devices, monitors bought, and tests, mouthpieces bought. In Q2 our monitor total was 4 and mouthpiece total was 1450 (end of year targets are 10 and 3555 respectively).

### **Plan for Q3**

The first National Learning Collaborative will be held on Tuesday October 12<sup>th</sup> and PCN staff are keen to participate. A recording will be made available for those unable to attend and learning will be cascaded internally. Clinical IT templates (to allow clinicians to efficiently record FeNO use and capture reporting data) is being developed centrally and due to be completed by the end of October. PCNs will be encouraged to adopt the use of templates. We will continue to engage with PCNs to ensure that usage data is being recorded for the quarterly project 'checkpoint reports'.

### **New risks/issues identified in Q2**

- Risk – PCNs may develop their own Clinical Templates rather than waiting for the nationally developed template (which may result in data not being captured).
- Issue – a central administrative requirement that PCNs must complete training before monitors could be dispatched caused a delay of about 4 weeks.

### **South East Region and Oxford AHSN Region**

#### **Regional**

##### **Sleepio – deployment to the SE Region**

Sleepio is a clinically evidenced CBT for insomnia delivered via online sleep improvement programme with widespread adoption across the Thames Valley. Data from this source, provided at a regional level, has been shared with workforce colleagues within the AHSN.

Sleepio was one of the three regional projects ('SE3') selected for deployment across the South East working with KSS and Wessex AHSNs.

##### **Progress in Q2**

During Q2 the six PCNs in North Hampshire CCG (in Wessex AHSN region) have continued to partner with Big Health to embed Sleepio in primary care. **In Q2 there have been 133 registrations and 85 CBT starts.**

Despite officially closing in November 2020, the Innovate UK-funded Thames Valley project, continues to provide support for those in the Thames Valley. **In Q2 there have been 768 registrations and 492 CBT starts within our patch.**

Discussions with Big Health around pricing have continued.

##### **Plans for Q3**

- Support colleagues from other AHSN areas (KSS) who are looking at potentially making a case around Workforce and support for staff within the NHS.
- The Oxford AHSN is continuing to support the NICE review of Sleepio, including sharing the data from the Thames Valley project in support of this work.

## **Electronic Repeat Dispensing (eRD)**

### **Background**

Electronic Repeat Dispensing (eRD) enables GPs to authorise up to a year's worth of repeat medication for patients whose repeat medicines are relatively stable. Community pharmacists can then carry out a number of checks and dispense medicines at regular intervals (usually monthly).

77% of all prescription items are repeat prescriptions. eRD, where deployed successfully, can free up significant GP capacity (up to 45 minutes of GP time per day, per practice) and enable community pharmacy to manage the medicines supply chain.

eRD is not new, it has been part of the Community Pharmacy Contractual Framework since 2005 and from 2019 has been a General Medical Services contract requirement. However, uptake is hugely variable with many practices having never taken advantage of this technology.

To reduce ongoing workload and footfall, as part of the primary care response to the Covid-19 pandemic, in the Preparedness Letter for General Practices of 5 March, NHS England recommended converting all suitable patients onto eRD when their next repeat prescription is issued.

During this period, Oxford AHSN supported primary care with implementation by producing benchmarked data for CCG Medicines Optimisation leads, delivering CCG, PCN and practice level training sessions, and providing hands-on support to convert patients to eRD. In December 2020, eRD was selected to be continued as a workforce programme for the southern AHSNs.

### **Progress in Q2**

- Across Oxford AHSN the eRD uptake rates, similar to other regions, has been relatively low. During the COVID 19 lockdown period there was a jump in uptake rates. This has levelled off as primary care resource has been focused on delivering vaccination programmes and other priorities.
- Data and support are continuing to be provided to individual GP Practices as requested.
- There is a risk that patient that were converted to eRD may 'drop off' if they are not reauthorised for eRD at their next review. This risk has been communicated to CCG eRD and Medicines Optimisation leads
- As of March 2020, eRD uptake for Oxford AHSN was 8.17% compared to 10.36% nationally. Data for Bedfordshire, Luton and Milton Keynes has now been included in the overall Oxford AHSN total.
- As of July 2021, Oxford AHSN had increased its % eRD rate to 9.69%. There was also an increase in the national rate to 13.37% (Figure 10).
- There is variation in uptake across CCGs in the Oxford AHSN region ranging from 13.65% for Frimley CCG to 4.09% for Bedfordshire, Luton, and Milton Keynes CCG (Figure 11).
- An additional 21,541 patients (up to June '21) are benefiting from eRD (Local Impact metrics table).

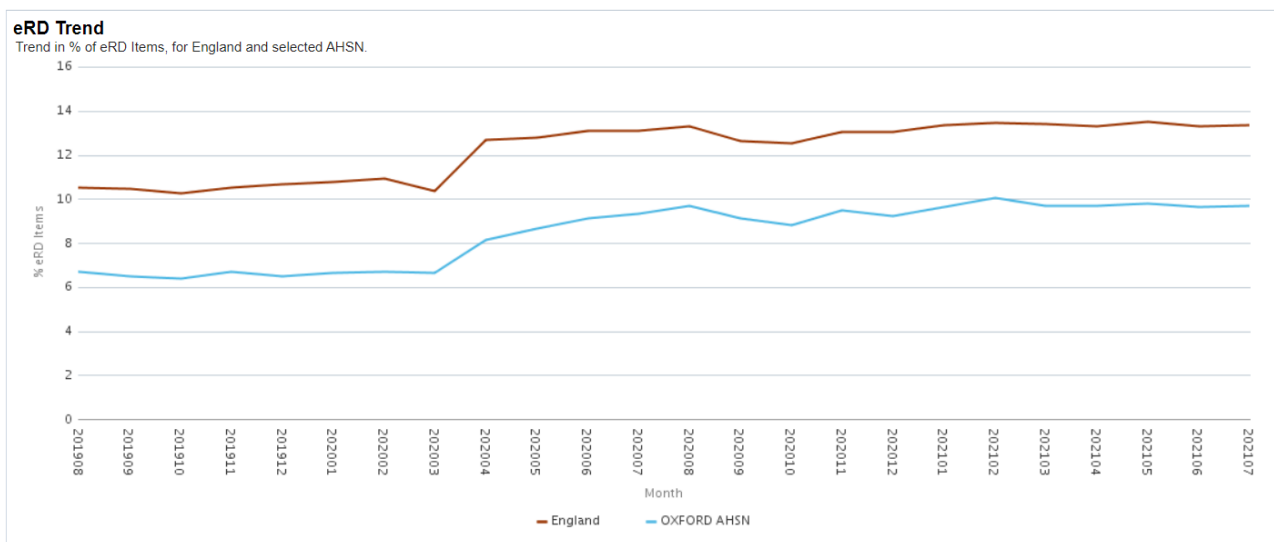


Figure 10 eRD Trend

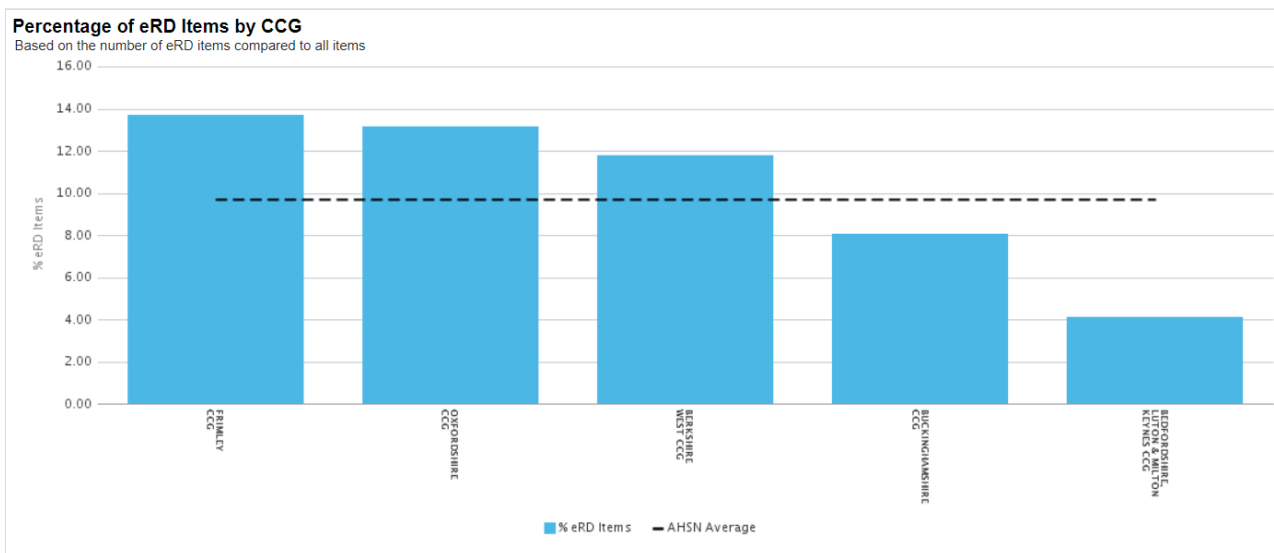


Figure 11 Percentage of eRD items by CCG

### Local impact metrics

Impact	Metric	Comments	Q4 20/21	Q1 21/22	Q2 21/22* (Jul 21 only)
1	Number of staff trained	Cumulative	53	53	53
2	GP Practice time released (hrs)	Additional eRD items x 16 secs	4,545	6554	7,208
3	Percentage of GP Practices	Cumulative	TBC	TBC	
4	Patient benefit	Number of patients	13,611	21,541	
5	Items prescribed	Actual monthly increase in eRD items compared to baseline.	1,048,250	1,511,606	1, 662,334

Data from NHS Business Services Authority EPACT2. \*Data from EPACT2 available to July 2021

### Plans for Q3

- To continue to support system leads with resources to improve eRD uptake.

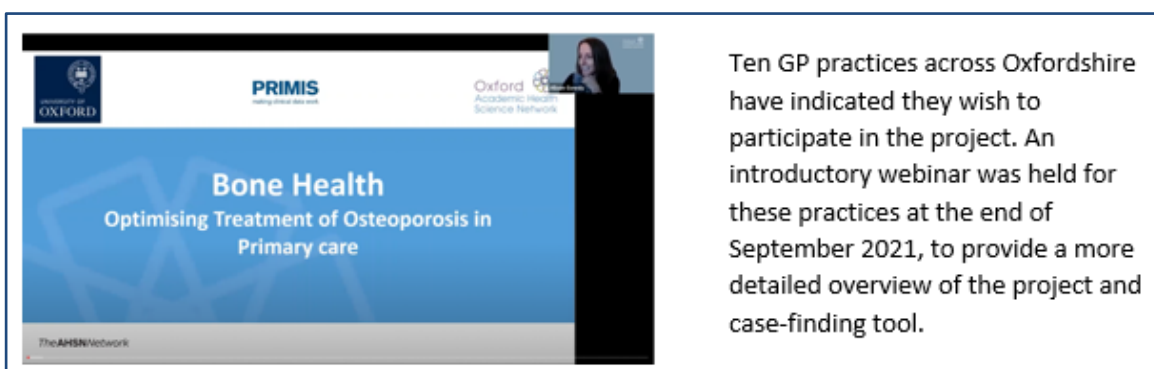
## DEVELOP

### Bone Health

**Background:** this project is a collaboration between the University of Oxford, PRIMIS and the Oxford AHSN. The project aims to work with GP practices, initially within Oxfordshire, to improve the management of patients with osteoporosis who are at high risk of sustaining a fragility fracture. The project will see the development of a case-finding tool to ensure high-risk patients are identified and are managed in accordance with NICE guidelines and optimised on treatment.

### Progress in Q2

A lot of progress was made during Q2. The case-finding tool was finalised and tested with a couple of GP practices. The results from the testing were discussed with the GP practices and positive feedback was received.



Ten GP practices across Oxfordshire have indicated they wish to participate in the project. An introductory webinar was held for these practices at the end of September 2021, to provide a more detailed overview of the project and case-finding tool.

Supporting materials have been collated and placed on the Oxford AHSN website. This is aimed at the clinicians undertaking the work and includes links to both clinician and patient information. Feedback will be sought from clinicians.

### Plans for Q3

- Ensure all participating practices have downloaded and can access the case-finding tool and review template
- Commence baseline reporting with practices
- A webinar will be scheduled with practices towards the end of the quarter to discuss the baseline report and review template.

### Elastomeric Devices

**Background:** Elastomeric devices are small, single use pumps used to administer medication such as IV antibiotics or chemotherapy and can be used in patients' homes. As such they could help relieve some of the pressure on hospital beds, by either facilitating an earlier discharge from hospital of patients who would otherwise only remain in hospital purely to receive IV antibiotics, or to support the prevention of admissions for such patients.

This is a local project, working with OUH which has introduced elastomeric devices into clinical practice. The project will assess the impact of these devices and capture the lessons learned from their introduction. In turn this will be used to support other trusts wishing to introduce the devices.

## **Progress in Q2**

During this quarter, the case study developed by NHS Supply Chain as part of the Value-Based Procurement project has been finalised and awaiting sign off before publication. Further analysis has also been undertaken of the most recent data from OUH.

Attendance at the Thames Valley Chief Pharmacists' meeting in October has been confirmed, where the Oxford AHSN and OUH will present an overview of the work undertaken at OUH.

Meeting with RBH to discuss the introduction of the elastomeric device.

## **Plans for Q3**

- Publication of NHS Supply Chain case study
- Present OUH findings to the regional chief pharmacists' meeting
- Plan and schedule webinars to support other trusts wishing to implement the elastomeric device.

## **Oxford AHSN Region**

### **Polypharmacy**

Polypharmacy, the concurrent use of multiple medications, has been described as a significant public health challenge. It increases the likelihood of adverse effects, with a significant impact on health outcomes and expenditure on healthcare resources. It is a key part of the World Health Organisation Global Challenge to reduce harm from medication errors by 50%. The recently published national overprescribing review addresses some of the causes of inappropriate polypharmacy<sup>23</sup>. The review sets out a series of practical and cultural changes to ensure patients are receiving the most appropriate treatment for their needs.

Addressing inappropriate polypharmacy requires a multi-faceted approach. The local polypharmacy project comprises various activity. This includes:

- Adoption and spread of polypharmacy action learning sets
- Contribution to an Applied Research Collaborative (ARC)- led study to evaluate the impact of Structured Medication Reviews (SMRs)
- Scoping of initiatives to improve the use of opioid medication

Discussions are currently underway to adopt polypharmacy as a national AHSN project

### ***Adoption and spread of polypharmacy action learning sets***

The action learning sets have been developed by Wessex AHSN and Health Education England based on work originally undertaken in Yorkshire and Humber AHSN. They aim to help GPs and pharmacists understand the complex issues surrounding stopping inappropriate medicines safely and help PCNs deliver the Medicines Optimisation elements of the GP contract.

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<sup>23</sup> <https://www.gov.uk/government/publications/national-overprescribing-review-report>

The action learning sets are delivered as three half-day sessions:

**Session 1** covers the scale, impact and challenges related to polypharmacy and stopping medicines safely. Attendees are provided with polypharmacy data reports for their practice.

**Session 2** covers the tools and resources that are available to carry out structured medication reviews and the principles of shared decision making.

**Session 3** involves facilitated discussions where attendees can share their experience of medication reviews and complex issues with local geriatricians.

The polypharmacy action learning sets have been delivered to one cohort of 45 GPs and pharmacists across Thames Valley during 2020/21. The plan is to deliver the action learning sets to a second cohort in 2021/22 if funding and resource permits.

### ***Support a study to evaluate structured medication reviews***

Oxford AHSN has partnered with the ARC Oxford and Thames Valley on a successful bid to carry out a real-time observational cohort study with integrated qualitative evaluation on optimising SMRs. The study aims to evaluate how national policy is impacting on the care of those with complex multimorbidity (4+ conditions) as a group with the most potential to benefit from such an intervention. The proposed evaluation aims to understand and optimise how SMRs are applied to people with complex multimorbidity. The bid was submitted in December 2020 and notification was received in March 2021 that it was successful with 87% of the funding requested approved.

### ***Improve the use of opioid medication***

Thames Valley CCG Medicines Optimisation leads suggested a joint initiative to improve opioid prescribing supported by the AHSN would be valued. This became a higher priority following a report produced by Public Health England<sup>24</sup> that highlighted the scale of dependence associated with opioid medication across England.

The national Medicines Safety Improvement Programme has subsequently included an initiative to reduce harm from opioid medicines by reducing high dose prescribing in their Medicines Safety Programme. This is being led by the Oxford AHSN Patient Safety and Clinical Innovation team supported by the CIA team.

The CIA team has produced an opioid prescribing data pack benchmarking opioid prescribing across Thames Valley CCGs against national opioid prescribing indicators. To scope potential innovation in this field, the role of artificial intelligence technology to improve the use of opioid medication is being reviewed by the CIA team.

### **Progress in Q2**

- The polypharmacy action learning sets have been delivered to a send cohort of 22 participants. Participants included GPs, Pharmacists and Paramedics.
- Contributed to the development of the primary care engagement element of the ARC- led optimising SMRs study and further development of the study protocol.

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<sup>24</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/940255/PHE\\_PMR\\_report\\_Dec2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940255/PHE_PMR_report_Dec2020.pdf)

- Draft review of the role of artificial intelligence technology to improve the use of opioid medication produced.

### Plans for Q3

- To join and contribute to a joint AHSN meeting to work-up the potential national polypharmacy programme.
- To continue to work with the ARC to develop the SMR study protocol and methodology.
- To publish local opioid initiatives on the Oxford AHSN website.
- To continue to work on the review of the role of artificial intelligence technology to improve the use of opioid medication.

## Aseptic transformation support – PROJECT COMPLETED

### Background

- With aseptic services under strain across BOB and Frimley ICS, the Oxford AHSN is supporting stakeholders to conduct a review of aseptic services and ready-to-administer medicine to identify future operating models over the next 12 months.
- Activity will include desk-based research, interviews with pioneering stakeholders in this space and finalising with a stakeholder workshop and report of the findings.
- The MO network is considering a single model approach across both ICSs following the Carter Review. This is supported and of interest to the regional Chief Pharmacist for the South East.
- The ICSs have decided to make a start on planning prior to the anticipated funding due to arrive in the next financial year.

### Progress in Q2

- Report produced on primary and secondary research, emergent and established innovation, national and system priorities and outputs from the workshop.
- **Project complete.**

## Excellence in heart failure

**Background:** Excellence in heart failure is a methodology for improving medicines optimisation for heart failure patients in primary care that was implemented in Buckinghamshire CCG through a joint working agreement between Oxford AHSN and Novartis. Oxford AHSN has worked to develop a toolkit to support other regions to implement the project.

### Progress in Q2

- Toolkit completed and published
- Business case for spread and adoption of Excellence in Heart Failure completed

### Plans for Q3

- Launch the toolkit
- Share toolkit with BOB ICS to support heart failure workstream



## **Heart failure inequalities workstream**

**Background:** Heart Failure diagnosis rates and outcomes are worse in areas of high socioeconomic deprivation. Oxford AHSN is involved in two projects in this space:

1. A joint working agreement with Astra Zeneca to deliver a programme to support identification of patients with heart failure and support practices with optimal management.
2. An NHSE funded programme with aiming to tackle inequalities in diagnosis and management of HF across the BOB ICS

### **Progress in Q2**

- The first practice was completed with the following results:
  - 13 patients added to heart failure register (**32%** relative increase in HF reg size)
  - 28 patients added to left ventricular systolic dysfunction register (**560%** relative increase in LVSD register size)
  - £2607 additional QOF income generated
  - 35 patients identified as high risk for heart failure and requiring additional
- The AHSN supported BOB ICS with a successful bid for funding for HF inequalities programme and £199k was awarded

### **Plans for Q3**

- Detailed planning for the BOB ICS HF programme – supporting the system with communications to practice, data analysis and evaluation of impact
- Continue to engage practices in the joint working programme

## **OTHER**

### **The Adopting Innovation and Managing Change in Healthcare Settings programme**

#### **Progress in Q2**

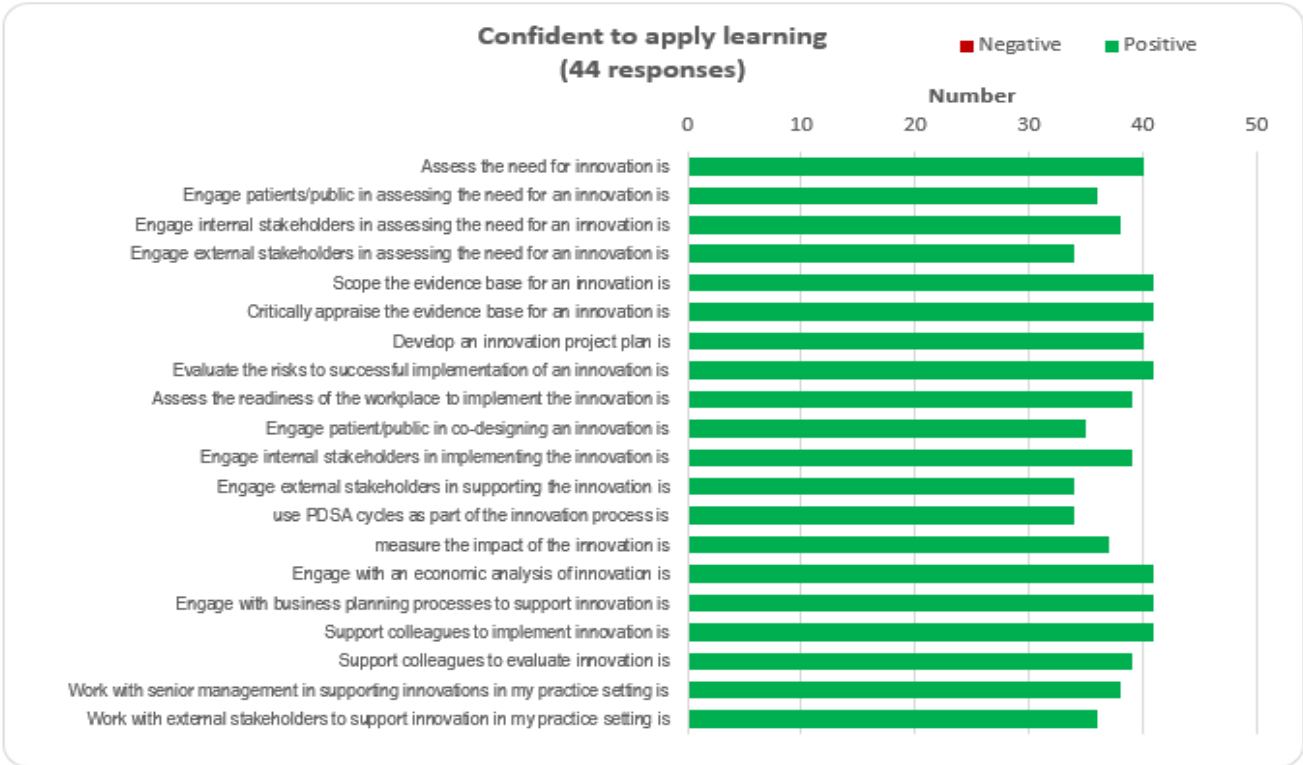
We have successfully recruited our 11th cohort of 19 students who commenced in September 2020. Students comprised staff coming from commissioning, secondary and primary care sector.

Concurrently, cohort 10 module 2 have commenced and are in a direction to refine and implementing their project proposals. The course is still being delivered online.

The evaluation is in progress, which aims to explore the impact of the programme within the healthcare setting/sector and also the impact it has had in respect of staff progression and retention. The evaluation is expected to finish in Q3.

A dialogue with Health Education England South East Regional Head Of Allied Health Professions took place during this quarter and an agreement to fund places for their regional Allied Health Professionals to undertake the course in February 2021 is in progress.





87% (765 of 880) responses in Cohort 7-10 stated improved knowledge after Module 1 & 2. Overall missing answer rate was 0% (0 of 880).

Figure 12 Interim results from the evaluation

### Plans for Q3

- Follow up funding opportunity with Health Education England South East.
- Recruitment for cohort 12
- Complete the evaluation and share the report with stakeholders.

### NIHR Applied Research Collaboration Oxford and Thames Valley

**Background:** The Applied Research Collaboration Oxford and Thames Valley<sup>25</sup> (ARC OxTV) started in October 2019 and runs for five years to September 2024.

<sup>25</sup> <https://www.arc-oxtv.nihr.ac.uk/>

There are 15 ARCs across England, funded by the NIHR. The purpose of the ARCs is to undertake and implement applied health and social care research, based around local health and social care needs, both for people and the systems the care is provided within. ARCs work in collaboration with AHSNs, universities, NHS trusts, councils and charities.

The ARC OxTV is hosted by Oxford Health NHS Foundation Trust and based at the University of Oxford’s Nuffield Department of Primary Care Health Sciences. The Programme Director is Professor Richard Hobbs, and the Implementation Lead is Professor Gary Ford, who is also Chief Executive of the Oxford AHSN. The ARC OxTV is working closely with the Oxford AHSN to implement ARC research outputs into practice across the Oxford AHSN region and, where appropriate, across the wider South East region, and nationally.

Priorities for the OxTV ARC	Six major research themes
<ul style="list-style-type: none"> <li>• Improve patient outcomes across the Oxford AHSN region</li> <li>• Provide high-quality evidence of clinical and cost effectiveness</li> <li>• Lead evidence –based implementation nationally</li> <li>• Develop new services addressing key NHS and public health priorities</li> <li>• Improve regional and national capacity to conduct, high- quality world-class health and social care research</li> </ul>	<ul style="list-style-type: none"> <li>• Disease prevention through health behaviour change (Theme 1)</li> <li>• Patient self-management (Theme 2)</li> <li>• Mental health across the life course (Theme 3)</li> <li>• Improving health and social care (Theme 4)</li> <li>• Applied digital health (Theme 5)</li> <li>• Novel methods to aid and evaluate implementation (Theme 6)</li> </ul>

**Progress in Q2 (focus on ARC/AHSN collaboration)**

- Development of joint application between Oxford AHSN and ARC OxTV for the NHS Insights Prioritisation Programme (NIPP). The main aim of the NIPP is ‘To accelerate the evaluation and implementation of innovations that supports post-pandemic ways of working, builds service resilience and delivers benefits to patients’. A requirement is for AHSNs and ARCs to collaborate together on the application.

A short scoping exercise was completed on potential innovations to evaluate. A joint decision was reached to complete an evaluation on virtual clinics to manage transient ischaemic attack (TIA)/ minor stroke- developing a safe and effective model for post pandemic working. This will involve close working with the five integrated stroke delivery networks across the South East region.

- ARC Implementation Manager worked with colleagues from Eastern AHSN and ARC East of England on recruitment of new Implementation Manger for this team.
- Oxford AHSN and ARC OxTV attended ARC Implementation Leads and ARC Implementation Operational Group Leads meetings. Common themes from both around funding for implementation, opportunities and challenges of NIPP project and development of an Implementation showcase event.
- Regular meetings between AHSN MH leads and ARC Implementation Manager to discuss progress and support for current projects and opportunities to collaborate on new projects/ evaluations.

### **Plans for Q3**

- Submit joint AHSN/ARC NIPP application. Outcome known by end of October 2021 and if successful, project to start November 2021.
- Next round of AHSN/ ARC Implementation meetings with ARC Theme leads and deputies to discuss progress with projects in relation to implementation and potential for spread and scale by the AHSN. Followed by AHSN/ ARC Implementation Oversight group meeting.
- National ARC Implementation Leads meeting (October 2021)
- Continue to progress plans on capacity development in implementation for members of the ARC (focus DPhils and early career researchers)

**New risks/ issues identified in Q2:** None

### **International activities**

#### **European Market Access for Partners (eMaps)**

eMaps<sup>26</sup> is a digital knowledge hub developed to support life science innovators and entrepreneurs in accessing healthcare markets across Europe and beyond in the areas of drugs, digital health, diagnostics and medical devices. It provides information and advice on regulation, reimbursement and adoption.

#### **Progress in Q2**

Work is in progress in developing the USA module.

#### **Plans for Q3**

Attract traffic to the platform to increase profile of USA module.

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<sup>26</sup> <http://emaps.co/>

## Strategic and Industry Partnerships (SIP)

During Q2, the Strategic and Industry Partnerships (SIP) team facilitated a meeting with the Office for Life Sciences to demonstrate the regional strengths in real world evaluation in support of a scaled-up approach to adoption and spread. Representatives from Buckinghamshire Healthcare, Oxford University Hospitals, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, Harwell HealthTec Cluster, Oxford Academic Health Partners, National Institute for Health Research (NIHR) Applied Research Collaboration Oxford and Thames Valley together local Oxford spin-out Ufonia presented a compelling case for the region's strengths in real world evaluation. The SIP team also initiated discussions with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System and industry partners to contribute to the development of the Community Diagnostic Hubs and led a successful collaborative bid for NHSX Innovation Funding to support innovation in the peri-operative care pathway and elective recovery.

The SIP team set up a structured programme around in vitro diagnostics in 2016 and one of the major successes of the programme was the roll out of pre-eclampsia testing. The value of diagnostics has been realised during the COVID-19 pandemic. In continued support of the diagnostics industry, a portfolio of case studies has been developed<sup>27</sup>. The Sustainability Community of Interest group set up with the support of the SIP team has gained traction across the AHSN Network and with clinicians. The SIP team are in the process of setting up a new Community of Interest group for in vitro diagnostics.

In September 2021, Oxford AHSN assumed the chairing of the Health Tech Connect Innovator portal from North East and North Cumbria AHSN. HealthTech Connect is a secure, online database of devices, diagnostics and digital health technologies that are intended for use in the NHS or wider UK health and care system. It is funded by NHS England and operated by the National Institute for Health and Care Excellence (NICE). Its purpose is to act as a means of connecting innovators and their technologies to the right people, from the right organisations, at the right time to help get technologies developed, assessed, and used as quickly and efficiently as possible. Innovators register and submit details of their technologies to the database by responding to a set of questions. The information is reviewed by Data Accessor Organisations, including the 15 AHSNs, that may be able to offer help and support in getting the technology developed, assessed, or used. The SIP team also delivered a workshop on Intellectual Property Strategy planning for early-stage businesses jointly delivered with an IP attorney from a leading law firm.

No. of companies supported (July-September): **106**

The Oxford AHSN Accelerator programme helps innovators and early-stage companies to commercialise great ideas and to address the most urgent issues facing health and social care. The 2021 programme seeks to address the six core clinical themes: mental health, respiratory, maternity/neo-natal, cardiovascular disease and cancer. The Oxford AHSN Accelerator Programme completed three two-day commercialisation workshops with 27 innovators in May, June, and July. The 2.5-day Pre-Accelerator programme in early September had 28 innovators signed up and will lead to a final pitch day in October to win a place on the final eight-week Accelerator programme.

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<sup>27</sup> <https://www.flipsnack.com/burstdesign/ahsn-oxford-point-of-care/full-view.html>

Communications activities have been primarily focused on the promotion of the Accelerator programme. Ufonia, an autonomous telemedicine company, were featured in the monthly AHSN Network newsletter in a feature called “Meet the Innovator”. The CEO of Ufonia, Nick de Pennington, was quoted saying “Oxford AHSN have been supportive in several ways, including the core pragmatic health economics analysis, identifying pilot sites and supporting grant funding”. Social media campaigns included the promotion of SBRI healthcare funding competitions to support implementation of innovations addressing mental health inequalities in children and young people and supporting NHS recovery from COVID. Twitter followers are continuing to increase month by month.

The Environmental Sustainability Programme delivered in September centred on Sharing Innovation and Best Practice to Deliver a Net Zero NHS. This was the second in a series of webinars hosted by the AHSN Network, specifically focussed on reducing the carbon impact of anaesthetic gases. 257 people registered, and 135 people attended the live event. The event was recorded. There was good representation from NHS Trusts and the AHSN network with many anaesthetists attending. The event exceeded expectations and received very positive feedback on the day. The next event on asthma inhalers is planned for January 2022. Speakers included: Kathy Scott, COO and Deputy CEO at Yorkshire and Humber AHSN provided an update on the AHSN network; Dr Tom Pierce, Environmental Advisor to the President of the Royal College of Anaesthetists and Cardiac Anaesthetist at University Hospital Southampton; Joy Hirst, Rajit Khosla and Baillal Shahid, anaesthetists from East Lancashire Hospitals NHS Foundation Trust; James Hyde from NHS England and Improvement and innovator companies, Medclair and SageTech Medical.

Our new environmental impact assessment, compiled with the Sustainable Healthcare Coalition, found that adoption of the placental growth factor (PIGF) test by all England’s maternity units could lead to 12,500 fewer admissions. This would potentially save 1,149 tonnes of CO<sub>2</sub>e, equivalent to 3 million car miles. The consequent cut in patient journeys and overnight hospital stays would lead to savings of up to £650 for each pregnant woman tested – collectively adding up to a potential £4m saving nationwide<sup>28</sup>.

The activities of the Strategic and Industry Partnerships programme and the Office for Life Sciences core functions are aligned with the Project and Portfolio Management Process (PPMP) that is being developed as part of the national AHSN portfolio management initiative driven by Health Innovation Manchester. Grant applications were jointly made with industry partners to develop the SIP pipeline of activities for 2022/2023. Innovate Biomedical Catalyst (2), SBRI Healthcare: stroke (1), NIHR AI awards (4) and NIHR i4i PDA awards (2). The portfolio view shows each team’s current projects aligned to the “Discover, Develop, Deploy” continuum and split out by clinical focus area and technology type.

## CARDIOVASCULAR DISEASE

**Discover: FatHealth.** FatHealth (developed by Oxford University spin out company Caristo Diagnostics) aims to transform the healthcare impact of screening, diagnosis and stratification of cardiometabolic risk for earlier identification and management of Type 2 diabetes and Type 2 diabetic conditions. FatHealth detects fat tissue inflammation using new artificial intelligence techniques applied to routine computed tomography (CT) scans.

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<sup>28</sup> Case study; [https://www.oxfordahsn.org/wp-content/uploads/2021/07/PIGF\\_CaseStudy\\_210720-FINAL.pdf](https://www.oxfordahsn.org/wp-content/uploads/2021/07/PIGF_CaseStudy_210720-FINAL.pdf)

This AI technology could bring immediate benefit because it can be easily integrated into existing clinical pathways (as an additional analysis of current routine CT scans) from any manufacturer's platform. It may help to identify prediabetic patients, prompting treatment and management at an early stage which is key in reducing later stage complications, secondary care admissions, future treatment costs and financial impact to the NHS. Earlier identification and intervention of diabetes could also assist in improved symptoms management and therefore quality of life for the patient. In support of the project, funded by an NIHR AI award, the SIP team have begun a feasibility study to collect clinical stakeholder opinions of the technology, the potential utility of the technology and any potential barriers to adoption.

**Develop: EchoGo Pro.** Ultromics have developed EchoGo Platform to support clinical decision making by automating the reading of stress echocardiography by using AI to identify patients with severe coronary artery disease. The software can analyse stress echocardiograms, both with and without contrast, and has been validated on multiple platforms (Phillips, GE, Siemens, Toshiba). The clinical study will provide the clinical evidence for adoption of the EchoGo Platform across the NHS in England that may lead to considerable NHS cost savings. Oxford AHSN will prepare a health economics analysis report based on an analytical model. The model will analyse the impact of the AI engaged reporting on the stress echocardiogram based on the clinical data collected in primary and secondary outcomes. The model will report on the economic evaluation of the cost effectiveness/utility of EcoGo Platform in the coronary artery disease diagnostic pathway. A health economic analysis Plan has been submitted for the trial study for data collection.

**Develop: D-dimer.** Buckinghamshire Healthcare NHS Trust is looking to improve their Deep Vein Thrombosis (DVT) pathway through the implementation of D-dimer point of care testing. D-dimer is a blood biomarker for DVT. Due to COVID-19 restrictions on the number of patients that can be in the clinic at any one time, and the amount of time it takes for results to come back from the laboratory (typically between 1-2 hours) means that patient numbers are currently limited to 8 per day. The SIP team is supporting the DVT clinic to evaluate a POC D-dimer test to show increases in efficiency due to reduced waiting times for test results, which should lead to quicker treatment/discharge decisions and an increased throughput of patients through the clinic. We will also be supporting a health economics study to illustrate the potential cost savings of this increased efficiency. Buckinghamshire Healthcare NHS Trust has selected the test that they wish to evaluate, and over the coming quarter we will work with them to create an evaluation protocol that will capture the relevant health economics data required.

**Develop: High Sensitivity Troponin.** The SIP team was approached by Berkshire and Surrey Pathology Service to assist with the health economics analysis for a point-of-care High Sensitivity Troponin test for use in the Emergency Departments (ED) in Berkshire and Surrey. High sensitivity troponin is a test used to diagnose heart attacks, and hospitals in Berkshire and Surrey are currently sending patient samples to the laboratory for testing, with poorer than anticipated turn-around times, which is interfering with patient care. The aim of this evaluation is to show that the use of a point of care test for high sensitivity troponin in ED, combined with a strict patient selection algorithm, will improve patient throughput in ED by allowing for quicker heart attack diagnosis and treatment decisions. It is anticipated that the evaluation will also mean that patients will not be admitted or monitored unnecessarily while clinicians wait for test results. The SIP team have previously developed a theoretical health economics model (awaiting publication), which will be re-modelled with data provided from the evaluation. Meetings will shortly be held to discuss the metrics being gathered and to start the evaluation.

**Deploy: HeartFlow.** HeartFlow is a non-invasive cardiac test for stable symptomatic patients with coronary heart disease and estimates fractional flow reserve from coronary CT angiography. HeartFlow replaces the need for an invasive investigation and procedure in a specialist cardiology procedure suite. Furthermore, the patient pathway is reduced from ~31 weeks to ~7 weeks. Additional patient benefits include reduced length of stay, reduced hospital visits and reduced waiting times for patients waiting for a procedure in the specialist cardiology procedure suite. Frimley Heath has already adopted HeartFlow into standard clinical practice, whereas Milton Keynes University Hospital is not eligible to adopt HeartFlow as they perform less than the minimum number of CT scans required per year. Oxford University Hospitals is following a clinical pathway that they believe delivers an equal (if not better) clinical service that is more cost effective than HeartFlow. Clinical leads at Royal Berkshire have expressed interest in the implementation of HeartFlow. Buckinghamshire Healthcare NHS Trust is currently in the implementation stage. Oxford AHSN is acting as a facilitator and broker between the trusts, CCG and manufacturer to ensure that all the stakeholders are actively engaged in the implementation process.

## RESPIRATORY

**Discover: Immune Profiling Panel.** IMPACCT funded by EIT-Health: The Immune Profiling of ICU Patients to address Chronic Critical illness and ensure healthy ageing (IMPACCT) project is funded by the European Institute of Innovation and Technology in Health (EIT-Health). This project initiated in January 2020 aims at evaluating the usefulness of an innovative diagnostic test, the Immune Profile Panel (IPP), in stratifying critically ill patients who have sepsis. Although the use of emergency bundles has drastically improved the rates of survival in the first 24 to 48 hours, patients are still at high risk of death due a persistent immunosuppression that makes them more vulnerable to acquiring Hospital Induced Infections (HAI). The SIP team have been collecting views and insights about the usefulness of the IPP in the care pathway from Health Care Professionals working in the Intensive Care Units, as well as that of payers involved in a range of commissioning roles, in the three participating countries: UK, France and Sweden. Despite the ongoing COVID crisis, 103 ICU clinicians and 50 payers across the 3 countries agreed to participate in an interview or survey and share their opinions about the perceived usefulness of the IPP in the care of sepsis patients thereby achieving the target number of stakeholders feedbacks. The opinions of both clinicians and payers were analysed and a report identifying the barriers to implementation of the IPP in the clinical practice in each of the 3 countries was put together and submitted to the project team.

**Discover: BreatheOx.** BreatheOx Limited (trading as 'Albus Health') is a medical technology spinout company from the University of Oxford founded by researchers from the Institute of Biomedical Engineering and Department of Respiratory Medicine. BreatheOx have developed "Albus Home", a paediatric asthma home monitoring device. The small, contactless bedside device uses motion and acoustic sensors to automatically monitor physiological and environmental metrics passively, allowing the child to not have to wear or do anything. Using motion sensors, the device captures small movements in the body when someone breathes, enabling the algorithm to estimate the respiratory rate. Machine learning algorithms use the monitoring data to provide an assessment of the child's asthma control or risk, aiding early detection of asthma deterioration or prediction of a severe attack up to a few days before it occurs. Early recognition and management of asthma deterioration can improve recovery and reduce the risk of hospitalisation and death by prompting timely and effective asthma self-management strategies at home. Long term assessment could aid clinicians with knowledge of individualised risks, leading to improved patient management such as expedited clinic review, acute treatment or optimisation of medications. The SIP team is responsible for conducting a stakeholder feasibility study and a health economics study.

The feasibility study is currently underway and is engaging clinical stakeholders associated with the paediatric asthma care pathway to help identify barriers to adoption and any potential improvements of the device.

**Develop: Astra Zeneca Turbu+ Inhaler.** 'Turbu+' is a digital app and smart inhaler. It is designed to optimise inhaler use and provide asthma patients with information on their medication use via their mobile phone. Asthma UK suggests that smart inhalers could lead to better self-management among people with asthma, reducing the use of inhalers and reducing the need to access healthcare resources. The objective of this real-world evaluation is to demonstrate that the addition of a digital intervention (Turbu+) for asthma and/or COPD patients using the Symbicort Turbohaler supports improvements in health outcomes. The focus during the quarter has been on completing patient recruitment at the end of August. A total of 222 patients have been recruited to the trial for the 6-month live phase. By the same time point, 83 of the 3-month questionnaires and 30 of the 6-month questionnaires had also been completed. GDPR documentation has been agreed and signed off between Ashfield Healthcare (who have gathered the data) and York Health Economics Consortium (YHEC, who will analyse the data), with data transfer taking place in early September for the interim data analysis process to be completed by the end of September.

**Develop: FebriDx.** FebriDx is a small, self-contained, point of care blood test which differentiates between a bacterial and viral infection in patients with Acute Respiratory Tract Infections. It provides a result in 10 minutes by measuring the levels of C-reactive protein (a measure of bacterial infection) and myxovirus resistance protein A (MxA) (an indicator of viral infections). The test allows the clinician to make an informed treatment decision between anti-virals (if appropriate) or antibiotics. Use of the test helps clinicians to work towards the NHS's aim of reducing unnecessary antibiotic use, especially in Emergency Departments. The project will evaluate FebriDx in the Emergency Department at the Royal Berkshire Hospital in Reading, investigating how use of the test changes clinician's treatments decisions and any reduction in antibiotic prescribing. The evaluation protocol has been completed and approved by the clinical team, as well as the metrics that will need to be gathered as part of the evaluation.

**Deploy: Asthma Biologics.** The SIP team are supporting the CIA team in the roll out of Asthma Biologics as part of wave two of the Accelerated Access Collaborative (AAC) Rapid Uptake Products programme (RUP). The rationale for their selection being the low uptake at a national level. The estimated eligible population for asthma biologics is 47,300 with a current uptake of 8,000 – 10,000 (17 -21%). This programme covers four high-cost biologic treatments currently with UK market authorisation and positive recommendations through the NICE Technology Appraisal process: Reslizumab, Benralizumab, Mepolizumab and Omalizumab. Reslizumab, Benralizumab and Mepolizumab are licensed to treat severe eosinophilic asthma, Omalizumab is licensed for severe persistent allergic asthma. The overall aim of the Asthma Biologics RUP programme is to improve patient care and outcomes by reducing inequalities and improving access to biologics for patients with severe asthma. Quarter 2 was mainly focused on finalising data analysis and writing a report for the National Benchmarking Survey (more than 190 responses collated across primary care, secondary care and severe asthma centres) that was conducted in Quarter 1. The benchmarking data provides a structured method for looking at potential variation and areas of need both nationally and locally that will support stakeholders to understand the opportunities for improvement. The report looks to collate the quantitative and qualitative responses from the benchmarking exercises and provide some visual comparative data around variation nationally. The analysis tries to assess what this might mean in terms of opportunities for improvement and reference where solutions being developed through the national programme might be able to support.



Another area of focus on the national level during Quarter 2 was launching Programme Delivery Framework to enable a structured and unified approach in supporting AHSN Asthma Biologic leads to capture and articulate plans for improvement in their areas to reach the agreed trajectory assigned to each AHSN. On the local level the emphasis during Quarter 2 was on securing additional funding to support proposed innovative integrated care model at Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System through an industry grant application.

## **MAT NEO**

**Deploy: PLGF-based tests for women with suspected pre-eclampsia.** This is a national programme led by Oxford AHSN as part of the Accelerated Access Collaborative (AAC) which saw widespread adoption during the Innovation Technology Payment (ITP) funding period which came to an end in March 2021. Quarter 2 has been dedicated to the provision of ongoing support to trusts and CCGs nationally to help them transition from provision of the test under ITP funding to provision under the MedTech Funding Mandate (MTFM). Trusts running into difficulty or not adopting are being flagged to the AAC. The dynamic of this project is now such that both manufacturers agree that it has entered the phase of 'business as usual' as they assume ongoing business relationships with the trusts (and indeed, some Trusts are starting to switch provider to seek to offer an improved service). Oxford AHSN involvement has now essentially reduced to maintenance discussions, facilitation, signposting and issue resolution via the AAC.

## **CANCER**

**Deploy: Tamoxifen.** Tamoxifen is the first licensed repurposed medicine for chemoprevention in women at risk of developing breast cancer; it has been shown to reduce the risk of breast cancer by 30-50%, seven years after taking the drug for five years (NICE CG164). Following feedback from several AHSNs and their stakeholders, the Accelerated Access Collaborative (AAC) has decided it is not feasible to continue with Tamoxifen as part of the Rapid Uptake Product (RUP) programme, apart from workstream/priority one: clinician education and support. No further local activity will take place on this project as local stakeholders have confirmed they do not have sufficient resource to pursue the project.

## **OTHER**

**Discover. Releaf Seated.** Binding Sciences have created a product called Releaf Seated, a product designed to aid those with urinary incontinence to urinate unaided and remain dry. Releaf Seated has been developed to help allow patients to remain dry, increase their independence, reduce falls and provide more confidence for patients to improve their fluid intake, which in order to help lead to a reduction in dehydration induced UTIs. Releaf Seated is a reusable easi-hold collar designed to match the female form and is palm-sized with a disposable replaceable bag which is made from a superabsorbent polymer which is attached to the collar via an easi-on or easi-off mechanism. This can help reduce the costs relating to the carer burden, UTI burden and the fall burden on the NHS bringing in strong cost savings to the healthcare system. The SIP team have conducted a barriers to adoption study to report on the acceptability, perceived usefulness and potential barriers to adoption for Releaf Seated. The findings from the barriers to adoption study concluded that the stakeholders were receptive to the product and felt it had clinical utility for certain patients. The Releaf Seated could improve their quality of life and could contribute to the reduction of complications with current UI aids.

During Q2, the SIP team has been working on the hypothetical analysis model to explore the cost benefit of introducing Releaf Seated for management of urinary incontinence and an environmental sustainability calculation.

**Develop: DORA.** Ufonia is a start-up company based in Oxford focused on autonomous telemedicine. Ufonia is replacing routine patient healthcare interactions with next generation automated phone calls. The automated telemedicine Dora is a platform with a synthetic human voice capable of a two-way conversation with patients. Patients can engage with Ufonia's platform simply by answering the telephone as normal. This automated telemedicine may help in replacing the nurses performing the follow-up calls and follow up hospitals appointments with the clinicians for follow up. This would allow staff resource to be allocated to perform other tasks within a clinical setting. Implementation could help overcome the issues noted in the current pathway such as the burden of phone calls, hospitals appointments, and may help with the dissatisfaction of the patients when they are not called at an agreed time or no follow up at all. The SIP team will prepare a report to present the findings of the budget impact analysis on the impact of implementing Ufonia's autonomous device DORA's for cataract follow-up calls after cataract surgery at Imperial College Healthcare NHS Foundation Trust and Oxford University Hospitals with the real-world evaluation data provided.

**Develop: MendelScan.** Mendelian has developed software called MendelScan which scans the coded sections of a patient's GP record looking for rare genetic diseases. The diseases looked for are individually quite rare, with each one affecting <0.1% of the UK's population, but collectively they affect over 3 million people and place a huge burden on the healthcare system, especially GPs. Most GPs don't come across many of these diseases during their working lives and have a hard time diagnosing them due to their non-specific presentations and rarity. This means that patients can spend years regularly visiting their GP and interacting with other healthcare resources while they struggle to manage their symptoms and obtain a definitive diagnosis, placing a significant burden on the healthcare system. MendelScan aims to sit alongside patients GP's records scans them to look for the common signs and symptoms of these rare diseases and generate reports for the clinicians to review; namely GPs, a specialist key worker within each Primary Care Network (PCN) and a genetic counsellor. The report will assist in the diagnosis and potential referral of the patient to the required specialists in secondary or tertiary care. The evaluation aims to see if the use of MendelScan will help in reducing the amount of time it will take patients to obtain a diagnosis of their rare disease without placing too large a burden on primary care. It is also expected to involve a significant pathway change, with the end aim of each Primary Care Network having its own specialist key worker (such as a community nurse) who will ultimately be responsible, with support from the local Genetics Counsellors, for reviewing the reports generated by MendelScan and making recommendations to the GPs as to which patients to refer. The evaluation is being supported by the Central and South Genomics Medicine Service Alliance (GMSA) who are providing funding and project support, as well as Health Education England who will be providing educational materials to support the roll out of the technology. In Q2 we selected the first PCN to participate in the evaluation and are looking for secondary and tertiary sites to roll out to later. Contracting discussions are ongoing between the PCN, GMSA and Mendelian to set up a three-way contract.

**Develop: Frailty app.** Buckinghamshire Healthcare approached the SIP team for support in evaluating a free app which will assist clinicians in creating a patient frailty score, which is not routinely created today due to the number of questions and aspects which need to be considered, all of which could be prompted by the app.

The aim of the evaluation is to measure the number of frail patients who are discharged from hospital, either a ward or the emergency department, with an obvious frailty score and resulting care plan in their medical records. It is anticipated that these patients will be better cared for within the community as a result and will require fewer hospital admissions and unplanned visits than before the issuing of the care plan. This will reduce the burden that is currently being placed on the emergency departments and geriatric services in the Trust. Comms around the app is ongoing within the Trust, and the feedback from the clinical staff has been positive so far. The project team are discussing what metrics are available for use as a baseline for the health economics of the project, and what can be easily captured during the evaluation.

**Develop: LiverMultiScan.** LiverMultiScan (developed by Perspectum Diagnostics) is a CE-marked non-invasive imaging technology that is used as a diagnostic aid for liver disorders. Using MRI, it characterises liver tissue by providing quantitative measures of liver fat, correlates of iron and fibrosis. Following on from a feasibility study and economic evaluation for monitoring disease progression of autoimmune hepatitis (AIH) patients, the team are now conducting a barriers to adoption study. Targeting institutions that are currently using the technology, we aim to investigate and highlight the changes within the care pathway for AIH patients. AIH is typically diagnosed using liver biopsies and is routinely monitored with blood samples and/or liver biopsy every twelve to twenty-four months. Liver biopsies are seen to be the gold standard for determining liver pathology and histology, but they are invasive and expensive procedures. LiverMultiScan is a non-invasive technique. The participant information sheet and discussion guide are currently being prepared to highlight the differences within the pathway prior to and post addition of LiverMultiScan. Additionally, to gain demonstrable feedback on the implementation process as well as perceived/actual changes to patient management and outcomes.

**Deploy: SecurAcath.** SecurAcath is a subcutaneous engineered stabilisation device to securely anchor peripherally inserted central-line catheters (PICC lines) without the need for sutures. SecurAcath should be considered for any PICC with an anticipated medium to long-term dwell time (15 days or more). It is intended to remain in place for the life of the line and is licenced for adults and paediatrics, including neonates. SecurAcath is easy to insert, well tolerated and is associated with a low incidence of catheter-related complications. There are also fewer complications such as migration, thrombosis and infection. Further clinical benefits include reduced numbers of interruptions or delays from the catheter becoming dislodged. Fewer repeat procedures are needed because SecurAcath improves vessel preservation and reduces need for re-insertions. Oxford University Hospitals, Buckinghamshire Healthcare, Royal Berkshire and Frimley Health have all implemented SecurAcath into standard clinical practice. Milton Keynes University Hospital is the only trust in our region not yet to adopted SecurAcath. Bedfordshire, Luton and Milton Keynes CCG is interested in the implementation of SecurAcath, and they are trying to engage with the stakeholders within the trust to start the implementation process. The SIP team is supporting the CCG with these conversations and facilitating the discussion between the CCG, trust and suppliers.

**Deploy: gammaCore.** gammaCore is a hand-held, non-invasive vagus nerve stimulator for the treatment and prevention of cluster headache pain. The gammaCore device enables patients to self-administer non-invasive vagus nerve stimulation therapy on demand, as an alternative to more costly injected medication. Clinical evidence shows that, for some people, using gammaCore as well as standard care reduces the frequency and intensity of cluster headache attacks and the need for medication. This is likely to significantly improve quality of life for people living with this condition from reduced pain during an attack. Further patient benefits include reduced hospital visits and reduced need for expensive medication.

Milton Keynes University Hospital, Buckinghamshire Healthcare, Oxford University Hospitals and Frimley Health have all adopted the use of gammaCore into their headache clinic pathways. Royal Berkshire NHS Foundation Trust is the only trust in the Oxford AHSN region not yet to have adopted gammaCore. The clinical leads at the headache clinic service have expressed an interest in implementing gammaCore and have eligible patients but are currently referring patients to Oxford University Hospitals as they have not been able to implement a local pathway.

**Deploy: Healthy.io.** Healthy.io offers a home albumin to creatinine ratio (ACR) test intended for use in the monitoring and early diagnosis of patients at risk of developing diabetes. Healthy.io has been awarded an NHS Digital (NHSX) Phase 4 Artificial Intelligence (AI) grant award to drive adoption of MinuteKidney, which benefits from 100% funding for the first 12-month period of adoption across the South East region (served by Kent, Surrey and Sussex (KSS), Wessex and Oxford AHSNs). The three SE AHSNs are working together to add value and support uptake of the home ACR test across the region. Discussion has taken place between the three SE AHSN's and the Technology Specific Evaluation team (TSET) Evaluation Lead and AI expert, both from NHS Midlands and Lancashire Clinical Support Unit (CSU), to better understand the scope of the NHSX Phase 4 AI award. Two case studies (Sussex and Barking) and an independent economic evaluation (YHEC) are now available. At the end of Q2, Frimley CCG and Oxfordshire CCG have both commissioned and deployed the MinuteKidney ACR test, supported by the available AI funding. Berkshire West CCG have indicated they are not able to adopt the test at this time due to local capacity issues and other priorities, although ongoing dialogue is being maintained. A regional strategy meeting between Oxford, KSS and Wessex AHSNs and Healthy.io will take place in early October to agree what additional on-the-ground support is required / could be provided to further progress the spread and adoption of the MinuteKidney test.

## Research & Development (R&D)

The programme aims to support the development of effective collaboration and working between the NHS and Higher Education Institutes, working with the NIHR and other research infrastructure across the Thames Valley and the AHSN's footprint. The aim is to identify potential innovation for future implementation across Oxford AHSN partners and the wider NHS, to ensure research outputs come with relevant evidence and information for NHS services to understand benefits, costs, and value prior to adoption, and to identify and facilitate collaborative research opportunities between NHS and University partners across the Thames Valley.

The Quarter included a meeting of the R & D Group held on 5 July 2021 which covered:

- a) A presentation from Professor Paul Carding, Director of the Oxford Institute of Nursing, Midwifery and AHP Research. It was clear that there was a very strong interest across the AHSN in developing research capability and capacity in these staff groups and the Oxford Academic Health Partners was working across its partners to take this forward. It was hoped that other HEIs and NHS bodies across the AHSN could also contribute to this work.
- b) A presentation and discussion with Dr James Kent, interim Accountable Officer for the BOB ICS<sup>29</sup> and currently responsible for developing plans and proposals for the new structure.
- c) BOB was working with the NHS Provider CEOs to develop priorities across the system which would be right for the population being served but also priorities that will bring innovation and developments to this population. It would be critical for BOB to hone its priorities to ensure clarity and hence delivery.
- d) Dr Kent asked what the group would want from the system, and he highlighted an area which might be important; that is the accessibility of patients and data for research was a case in point and the access to data, perhaps from shared records, could be a key area. He would welcome views on this – recruitment, real world trials etc. He would welcome more discussion on this with the research community. Professor Ford had confirmed the importance of this area as one key arm in this together with clarity on priorities and coupled with the capacity and capability of NHS people to engage and provide research. It would be good to work on real issues and be asked to identify existing solutions already 'out there' and secondly to look at solutions over a longer term.
- e) The BOB had the potential to do, for example, shared real world trials etc. Harnessing the willingness across the population to become a research community would be the aim and partners such as the BRCs and OAHP and AHSN would be critical in bringing this about. This approach was welcomed by the Group, and it was noted that Professor Ford, Professor Channon, and Dr Ward had had exploratory discussion on research opportunities with BOB Chair and CEO and that the NHS Provider CEOs group would also be key.
- f) Professor Ford, Chair of the AHSN Network, also provided a detailed update on the work of the Oxford AHSN and the work of the wider AHSN Network.
- g) Updates from partners had highlighted the work being done across the Oxford Academic Health Partners on the development of the Oxford Joint Research Office

For updates about the collaboration between the Oxford and Thames Valley ARC and Oxford AHSN see the CIA report.

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<sup>29</sup> Buckinghamshire, Oxfordshire, and West Berkshire Integrated Care System

## **Community Involvement and Workforce Innovation (CIWI)**

### **Community Involvement**

#### **CVD**

We have co-produced an animation to address adherence to lipid medication. The content will be further used to create leaflets and other resources for patients. We are developing a series of engagement events with seldom heard communities.

We are in the process of developing a health inequalities evidence review for hypertension to support programme design and community involvement plans.

#### **Maternity**

We have developed, with SE Maternity Voice Partnerships and Involve, workshops on engaging seldom heard groups to support MVPs work on health inequalities which will be run in the autumn.

#### **Community of Practice Development**

We have been awarded a Health Foundation grant to establish a Community of Practice for coproduction and health inequalities. We will do this in partnership with the on-line platform Hexitime.

#### **Training and Development**

We have run two workshops to develop public awareness and understanding of issues relating to sharing and using patient data. These were run in conjunction with the Thames Valley and Surrey Shared Care Record and Understanding Patient Data. Another is planned for later in the year so that we include patient and public leaders from across BOB, Surrey, and Milton Keynes.

### **Workforce Innovation**

The workforce innovation theme within the Oxford AHSN aims to support the national ambition of more people working differently in a compassionate and inclusive culture through innovation, pathway redesign, improvement and evaluation.

#### **Workforce within the Oxford AHSN**

As a cross cutting theme, we are working with colleagues within the AHSN to design and develop a workforce aspect within each of the programmes. Early mapping of blood pressure at home in collaboration with CIA has commenced.

#### **Workforce across the BOB ICS region**

We are supporting the BOB ICS on two programmes linking to staff retention - the fourth theme in their people strategy.

#### **Enhanced occupational health and wellbeing evaluation**

This quarter we commenced phase two of the enhanced occupational health and wellbeing evaluation in collaboration with an independent evaluator. A framework has been designed around assumptions, enablers, and constraints. Through the implementation of this framework and interviews with staff, we hope to inform the system what will enable equity of access to all staff. Touch point sessions within Royal

Berkshire Hospital have taken place to understand the needs of the staff. Interviews have commenced with senior directors and will then focus around seldom heard groups.

### **Flexible working**

A review of flexible and homeworking policies was undertaken across the BOB ICS. This highlighted both commonalities and disparities across the system. These differences included variation of language, consistency in offer and flow of information. A steering group has now been convened seeking to standardise certain offers to ensure equity and promote retention.

### **Workforce across the South East**

Three AHSNs (Kent Surrey Sussex; Wessex; Oxford) are undertaking an evaluation together for the South East Leadership Academy. Interviews are being undertaken with senior leaders to evaluate the utility of regional health and wellbeing resources during Covid-19 pandemic.

### **Workforce Nationally**

Across all 15 AHSNs in England, workforce leads have gathered to collaborate, establishing what can improve the workforce in either pathway redesign or innovation. Oxford AHSN represent on both the steering group and operational group.

## **Communications and Stakeholder Engagement**

Through the summer months of the second year of learning to live and work in new ways we continued to adapt to meet the evolving needs of the healthcare system we support.

Our practical innovators and Accelerator programmes enrolled their latest cohorts online – but elsewhere we started to see a cautious return to face-to-face meetings - locally, regionally and nationally.

We took part in regional and national online events and publications with partners in other AHSNs, the NHS, research and industry. These included a webinar contributing to the drive to achieve a net carbon zero NHS and a workshop on understanding patient data. Our Chief Executive, Professor Gary Ford, chaired an expert panel on digital transformation in the NHS at the in-person HETT conference.

We published our business plan which includes our local and national priorities. We aim to publish an interactive digital brochure in quarter 3 describing some of the key programmes in more detail.

We expanded our website. Areas in which new content was added included asthma biologics - we are leading this national AHSN initiative to improve care for people with severe asthma and have created a toolkit to support other AHSN, clinicians and commissioners.

We continued to invest in social media activities to help reach a wider audience. Our Twitter followers passed 6,000 this quarter. We remain on track to pass 1,000 LinkedIn followers this year.



## Appendix A - Risks Register & Issues Log

### Risks Register

#	Programme	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	ongoing	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	GREEN
2	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Low	High	ongoing	NHS England has re-licensed all AHSNs. NHSI has confirmed funding to March 2023. Actively pursued industry partnerships and grants. NHSI increased funding for PSCs in 20/21	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul 14	Ongoing	RED
3	Oxford AHSN Corporate	National Programmes delivery	Reputation Protect breach of contract.	Low	Med	ongoing	Robust engagement plans in place. Five of seven programmes delivered. However, COVID-19 has slowed down TCAM and Escape-Pain.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	19-Feb 18	Ongoing	AMBER
4	Oxford AHSN Corporate	Diversity and inclusion	Perpetuate inequality either in our own team or in our work across the region	Low	Med	ongoing	Oxford AHSN has Signed up to the AHSN Network D&I pledge Unconscious bias training for staff Ensure adhere to OUH policies on recruitment Ensure programmes consider inequalities in programme design and implementation. Staff unconscious bias training. Commissioned an inequalities dashboard to inform our work.	AHSN Chief Operating Officer	Director for Communities and Workforce Innovation	June 2020	Ongoing	GREEN
5	Oxford AHSN Corporate	Failure to align and support developing ICSs with improvement and innovation agenda	AHSN needs to engage the leadership of the ICSs, align ICS priorities and AHSN work programmes. We need to be the innovation and improvement arm of our three local ICSs.	Low	Med	Ongoing	The AHSN's COO is meeting the BOB ICS head of Strategy each month to improve alignment between the two organisations. There is shared ambition to make the BOB region more attractive to industry healthcare innovators and to support this goal the SIP team has regular meetings with BOB Head of Strategy too.  A joint funded management post also has been agreed to improve the pull of innovation into BLMK.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	Sept 2021	Ongoing	AMBER
6	Inclisiran	Primary Care is stretched, this may impact delivery	Targets not met	Med	High	Ongoing	Working through local plans and getting support from national team to mitigate risk. Monthly meeting with Wessex and KSS AHSNs to share best practice.	AHSN Chief Operating Officer	Director of CIA	Oct 2021	Ongoing	RED

## Issues Log

#	Programme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date	Status	Date Resolved
1	Oxford AHSN Corporate	Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN	Low	Engagement	<p>Overarching comms strategy. Level of engagement monitored across all programme and themes.</p> <p>Website refreshed regularly visits per month increasing. Twitter followers and newsletter subscribers increasing. Oxford AHSN stakeholder survey. Quarterly report sent to all key stakeholders.</p> <p>Electronic Newsletter to stakeholders.</p> <p>Oxford AHSN organise and participation stakeholder events. Participation in ICS and STPs committee structures.</p> <p>Closer working with Regional NHS/I team and COVID cell structures</p> <p>Attendance at Regional Mental Health Board to present regional mental health programmes</p>	AHSN Chief Operating Officer	Head of Communications	19 Jan 18	90% complete	Ongoing
2	Oxford AHSN Corporate	Staff health and wellbeing during the COVID-19 pandemic		Staff	<p>In line with government and OUH guideless our staff are asked to work from home unless it is not possible. Staff are subject to a personal risk assessment in accordance with OUH policy. We have made taken measures to ensure social distancing and infection control in the office for those staff who choose to work there. Staff wellbeing is monitored by our senior HR Manager and a programme of wellbeing and resilience training courses has been extended.</p> <p>Staff communications were stepped up when the office was closed. Regular team calls are held to report progress, undertake training and development, and hold social events online. Quarterly Team Get Together online in place of an annual team Away Day is being held each quarter. Staff have been surveyed and the consensus is that home working and using Teams works for most people – although everyone misses the social interaction of the workplace.</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	17 March 2020	90% complete	Ongoing

## Appendix B - Oxford AHSN case studies published in quarterly reports 2018-2021

Year	Case Study Topic
2021/22	<ul style="list-style-type: none"> <li>• Support from the Oxford AHSN helps digital innovators develop and roll out automated patient calls</li> </ul>
2020/21	<ul style="list-style-type: none"> <li>• Rapid national roll-out of home-based safety net benefits thousands of patients with COVID-19</li> <li>• Two-thirds of maternity units in England adopt test to rule out pre-eclampsia following roll-out led by Oxford AHSN</li> <li>• AHSNs play key role in supporting patients with Covid-19 at home</li> <li>• Unique midwife education and training programme improves safety for mothers and babies in low-risk labour</li> <li>• Harnessing AI technology to speed up stroke care and reduce costs</li> <li>• Spreading digital innovation in the NHS and supporting the workforce</li> <li>• Keeping frail elderly people out of hospital - decreasing risk of Covid-19 infection</li> <li>• Supporting stroke services through the pandemic</li> <li>• Supporting NHS personal protective equipment needs (PPE)</li> <li>• Improving timely observation of vital signs of deterioration in care homes</li> <li>• Improving detection and management of atrial fibrillation (AF)</li> </ul>
2019/20	<ul style="list-style-type: none"> <li>• Thousands more pregnant women benefit from test to rule out pre-eclampsia following national rollout led by the Oxford AHSN</li> <li>• Supporting leadership and collaboration in medicines optimisation</li> <li>• Paddle – Psychological therapy support app helps patients steer a course to recovery</li> <li>• Adoption and spread of a quality improvement programme to prevent cerebral palsy in preterm labor (PRECePT)</li> <li>• Preventing prescribing errors with PINCER</li> <li>• Feasibility study for introducing a new rapid point-of-care HIV test into sexual health clinics (Owen Mumford)</li> <li>• Healthcare tech company's expansion and Stock Exchange listing enabled by Oxford AHSN expertise</li> <li>• Oxford AHSN support enables AI company to leverage £700,000 of grant funding (Ufonia)</li> <li>• The Oxford AHSN assists Fujifilm in real-world evaluation of point of care flu test</li> </ul>
2018/19	<ul style="list-style-type: none"> <li>• Learning together through a regional patient-centered event to improve sepsis support and information</li> <li>• Improving detection and management of atrial fibrillation</li> <li>• Understanding the impact of a new model of urgent care within a GP practice</li> <li>• AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs</li> <li>• Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services</li> <li>• Patient forum helps improve NHS services for people with anxiety and depression</li> </ul>

Year	Case Study Topic
	<ul style="list-style-type: none"><li>• Healthcare tech company's expansion and Stock Exchange listing enabled by Oxford AHSN expertise</li><li>• Unique point of care blood test speeds up clinical decision-making improves quality of care and reduces costs</li><li>• AHSNs come together to create new sepsis identification tool</li><li>• Spreading best practice in dementia through webinar programme</li></ul>

More case studies can be found on our website<sup>30</sup>. We include around three in each of our quarterly reports. We have been producing these since 2014.

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<sup>30</sup> <https://www.oxfordahsn.org/about-us/documents/quarterly-reports/>