



Oxford AHSN Year 9 Q3 Report

For the quarter ending 31 December 2021

*The***AHSN***Network*

Contents

Chief Executive’s Review	3
Case Studies.....	5
Operational Review	13
Patient Safety and Clinical Improvement (PS&CI).....	23
Clinical Innovation Adoption (CIA)	31
Strategic and Industry Partnerships (SIP).....	54
Research & Development (R&D)	61
Community Involvement and Workforce Innovation (CIWI).....	62
Communications and Stakeholder Engagement	65
Appendix A - Risks Register & Issues Log.....	66
Appendix B - Oxford AHSN case studies published in quarterly reports 2018-2021	68

Chief Executive's Review

'We need to radically transform the way we deliver services. Innovation is the way – the only way – we can meet these challenges. Innovation must become core business for the NHS. We must continue the great progress we have made in clinical research, working in partnership with the NIHR and link this together with academic medicine and science and stronger partnerships with industry. Searching for and applying innovative approaches to delivering healthcare must be an integral part of the way the NHS does business. Our ambition must be for an NHS defined by its commitment to innovation, demonstrated both in its support for research and its success in the rapid adoption and diffusion of the best, transformative, most innovative ideas, products, services and clinical practice.'

In the response to the pandemic many have commented that the NHS needs to radically change. It is striking that the quote above was written by Sir David Nicholson, then Chief Executive of the NHS in England ten years ago in his foreword to the Innovation Health and Wealth report¹ which was the basis on which Academic Health Science Networks were established. Whilst clinical research in the NHS continues to be internationally leading, the NHS has made limited progress in systematically applying innovative approaches to delivering healthcare. AHSNs have demonstrated they are able to support the NHS achieve accelerated uptake of new products, such as PIGF to rule out pre-eclampsia in pregnancy, and models of care, exemplified by Virtual Covid Wards and Covid Oximetry @Home, but there is a need to increase the scale and impact of the spread of high value innovative care models. As AHSNs move into the last year of our second licence the AHSN Network is focusing on supporting integrated care systems in identifying, developing and deploying innovation to improve patient outcomes and address the workforce challenges faced by the NHS.

We continue to strengthen our work with the ICSs in our region. With Eastern AHSN we ran a joint rapid insights workshop on innovation for the Bedfordshire Luton and Milton Keynes (BLMK) ICS Partnership Board and their key stakeholders. With Buckinghamshire Oxfordshire and Berkshire West (BOB) ICS we have initiated a Children and Adolescent Mental Health Service review of digital services available in the BOB area and across the country.

As part of our joint work with the NIHR Applied Research Collaboration Oxford and Thames Valley to evaluate new models of care, we have commenced one of 14 ARC-AHSN projects funded by the NHS Insights Prioritisation Programme jointly commissioned by the Accelerated Access Collaborative² and NIHR. In collaboration with the five Integrated Stroke Delivery Networks across the South East region the project is evaluating virtual clinics for managing transient ischaemic attack and minor stroke that were introduced in response to the pandemic with the aim of developing a safe and effective post-pandemic model.

We hosted a visit by our national commissioners as part of a programme of visits to all 15 AHSNs in preparation for relicensing. This was moved to a virtual meeting at short notice in response to the Omicron wave. This focused on three areas: how we work with our local system; how we support clinical and industry innovators; and how we support and lead AHSN Network national programmes.

¹ Innovation Health and Wealth report;
https://webarchive.nationalarchives.gov.uk/ukgwa/20130107013731/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131299

² <https://www.england.nhs.uk/aac/what-we-do/how-can-the-aac-help-me/insights-prioritisation-programme/>

This meeting was supported by many of our stakeholders, board members, innovators and industry partners. A key highlight was a virtual visit to the Slough vaccination centre where patients are offered health checks to identify undiagnosed cardiovascular risk factors. This innovative model of care contributed to our guidance³ on targeted AF detection in COVID-19 vaccination clinics.

Our case studies this quarter describe an Innovate UK funded collaboration with Binding Sciences, helping to develop an environmentally friendly product to address urinary incontinence; a European partnership to develop better diagnostics to predict and improve outcomes for sepsis patients; and an update on our work in cardiovascular disease.

Professor Gary Ford, CBE FMedSci, CEO, Oxford AHSN

³ Guidance on targeted AF detection in COVID-19 vaccination clinics; <https://www.oxfordahsn.org/wp-content/uploads/2021/05/COVID-vax-clinic-guidelines-FINAL.pdf>

Case Studies

1. Collaboration develops environmentally friendly product addressing urinary incontinence
2. Oxford AHSN reaches first key milestone in major European partnership to improve outcomes for sepsis patients
3. Cardiovascular disease – update on workstreams and opportunities

Previous editions of these quarterly reports – and the case studies published in them – can be found on the Oxford AHSN website⁴.

Case Study 1: Collaboration develops environmentally friendly product addressing urinary incontinence

Date: Q3 2122

Theme/Patient pathway: Strategic and Industry Partnerships

Summary

The Oxford AHSN is working with Binding Sciences and Buckinghamshire Healthcare NHS Trust to develop an environmentally friendly alternative to continence pads. This initiative is funded by a £230,000 Innovate UK Sustainable Innovation Fund grant. Binding Sciences wanted to understand the clinical utility and possible advantages of its urinary continence management device, Releaf Seated, for people who normally use absorbent pads, in particular for those with poor mobility or dexterity. This product enables users who have some degree of voluntary control to urinate unaided when seated, standing, or crouching without their skin coming into contact with urine.

The Oxford AHSN conducted qualitative research with health and social care professionals and developed a health economics model.

The intention is that future versions of Releaf Seated will be fully biodegradable and compostable in 12 months compared to 40 years for an absorbent pad. An environmental impact assessment found that widespread use of the product could significantly reduce the carbon footprint associated with urinary incontinence and make a significant contribution towards the NHS Net Zero ambition. An estimated 36 tonnes CO₂eq of greenhouse gases could be saved due to fewer hospital admissions linked to urinary tract infections or falls on the way to the toilet.

What did we do?

The Oxford AHSN was a key partner in securing an Innovate UK Research and Innovation Sustainable Innovation Fund grant totalling over £200,000 in October 2020, working in partnership with Buckinghamshire Healthcare NHS Trust and Binding Sciences, the company behind Releaf Seated.

The Oxford AHSN team carried out qualitative research speaking to key stakeholders along the care pathway to gain opinions on the utility of the device. This showed that the potential benefits of the product include improved independence and dignity, reduced need for carer visits, less risk of contracting urinary tract infections, fewer falls going to and from the toilet, improved fluid intake and easing the burden on the healthcare system.

⁴ <https://www.oxfordahsn.org/about-us/documents/quarterly-reports/>

The team also developed a health economics model to evaluate the potential budget impact and cost effectiveness of RELEAF Seated. The hypothetical model identified potential cost savings of over £230 million to the healthcare system if adopted across Great Britain.

The Oxford AHSN is providing ongoing support to Binding Sciences. Future grant funding applications are planned to undertake a real world evaluation of Releaf Seated.

What has been achieved?

Oxford AHSN helped Binding Sciences to generate early evidence for their new product and provided crucial insight into the opinions of health care stakeholders. This work also helped the company design a small clinical trial involving 100 patients at Buckinghamshire Healthcare NHS Trust and elsewhere. In addition, the Oxford AHSN is providing ongoing support exploring possible routes to market.

Feedback

“We have been both gratified and truly delighted with the support we have received from the Oxford AHSN team. The Oxford AHSN was instrumental in securing the Innovate UK Sustainable Innovation Fund support along with support from Buckinghamshire Healthcare. The funding has supported the development and clinical trial of the device, and the health economic assessments have provided valuable insights into Releaf’s potential benefits to the health and social care system.”

Keith Binding, Managing Director, Binding Sciences Limited

“I found the device easy to use after a short practice. As a retired healthcare professional, I can visualise how this device would provide a welcome degree of independence for many less able people.”

Service user

“RELEAF Seated has the potential to improve patient experience and outcomes as well as delivering environmental benefits. We have been happy to help Binding Sciences build up an evidence base and work with the NHS to carry out the first utility study for RELEAF Seated.”

Julie Hart, Director of Strategic and Industry Partnerships, Oxford AHSN

Next steps

The Oxford AHSN will look to provide support for further grant applications focusing on real world evaluation – timescales will be dependent on the availability of grants. We will be looking for more partners from across our region to take part in real world evaluation.

Contact

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Case Study 2: Oxford AHSN reaches first key milestone in major European partnership to improve outcomes for sepsis patients

Date: Q3 2122

Theme/Patient pathway: Strategic and Industry Partnerships

Summary

IMPACCT (**IM**mune profiling of ICU **PA**tients to address **Chronic Critical** illness and ensure **healThy** ageing) is a €4m study co-funded by EIT-Health and bioMérieux involving partners from France, Sweden, and the UK.

Sepsis survivors often experience a weakened immune system. During the first days of sepsis, an overwhelming inflammation can take over. That initial over-activation phase is very often followed by a dramatic inhibition of the immune system (immunosuppression) which can lead to recurrent secondary infections, long-term disabilities, and death. Sepsis patients do not all face the same risks. By evaluating the immune status of sepsis patients while they are in intensive care (ICU) those at high risk of deterioration could benefit from improved care and personalised treatment.

The Oxford AHSN reached its first key milestone in the project at the end of December 2021 having carried out qualitative interviews and online surveys obtaining feedback from more than 100 healthcare professionals working in ICU and 50 payers from the UK, France, and Sweden.

By June 2023 the study will enrol 600 sepsis patients hospitalised in ICU and their immune status will be monitored using a molecular platform. The first objective is to demonstrate if it is possible to identify a subgroup of sepsis patients at higher risk of poor outcomes and further infectious complications. The second objective is to validate prognosis biomarkers. Oxford AHSN will develop the value proposition and economic model to support future adoption.

The Immune Profiling Panel (IPP) is still in an early stage of clinical validation. The technology is being evaluated in clinical trials at Imperial College and University College Hospital, London, Karolinska Institute (Sweden), Paris and Lyon (France).

What is the challenge?

Sepsis is one of the most common causes of ICU admission in Europe, up to 37%. The clinical challenge is to identify patients in ICU whose immune responses have altered following a diagnosis of sepsis. A state of immune suppression induced by sepsis can leave some patients more susceptible to hospital acquired infections and at risk of deterioration, with long-lasting consequences that can affect the patient's quality of life after discharge from hospital and increase their need for other healthcare services. The main challenge however is that for adoption into routine clinical practice this innovative precision medicine approach will require significant pathway changes and stakeholder acceptance.

What did we do?

The Oxford AHSN supported bioMérieux and its clinical partners in their application for an EIT-Health grant. This partnership was instrumental in sourcing €4 million to cover the cost of the study. The key objectives of our part of the study were to determine the differences in care pathways and stakeholders' opinions across the three countries to identify the value proposition of IPP and the potential barriers to adoption.

The Oxford AHSN reached its first key milestone in the project at the end of December 2021 having carried out qualitative interviews and online surveys obtaining feedback from more than 100 healthcare professionals working in ICU and 50 payers from the UK, France, and Sweden. The second milestone due at the end of December 2023 is to deliver a report as to the potential economic impact of IPP. EIT Health is supported by EIT, a body of the European Union.

What has been achieved?

The views and insights given by the clinicians and payers of the current clinical landscape and current practices in the management of these patients have helped to build an understanding of the barriers to implementation of IPP in the ICU care pathway for each country. This feedback is crucial in supporting bioMérieux to create an adoption plan for the IPP into the sepsis care pathway and a route to market strategy tailored for each country.

What have we learned?

Barriers and challenges to the adoption and spread of the product are:

- The technology and its utility in predicting which patients are at risk is still being tested in clinical trials
- The interviews with stakeholders demonstrated that processes in place for acquiring a new technology is different in each of the three countries and therefore implementation will require a country-specific approach.

Feedback

“We are highly satisfied by our collaboration with Oxford AHSN. They have already achieved key deliverables that will allow us to establish the clinical and economic benefits of IPP and to understand the barriers to implementation. Their input is key to the success of this project.”

Karen Brengel-Pesce, Senior Director, Open Innovation & Partnerships, bioMérieux

“As a clinical academic, I have learnt that demonstrating the scientific proof behind innovation is only the first step. If we want to improve patient care, then we need effective knowledge mobilisation. The team at Oxford AHSN are crucial to successful implementation of the novel technologies and techniques within different healthcare systems.”

Anthony Gordon, Professor of Anaesthesia and Critical Care, NIHR Research Professor, Imperial College London

“As new immunotherapies come to market, IPP has the potential to ensure that those sepsis patients that would benefit from immunotherapies receive the treatment they need improving patient outcomes and quality of life for millions of sepsis patients.”

Julie Hart, Director of Strategic and Industry Partnerships, Oxford Academic Health Science Network

Next steps

The EIT-Health project ends at the end of December 2022. However, patient recruitment will be extended to June 2023. A draft budget impact model will be created by Oxford AHSN in 2022 and in 2023 this model will be populated with trial data. The company will use the evidence generated from this project to apply for product registration (CE / UKCA marking).

Once the product has acquired its regulatory status with proven clinical safety then there is the potential for hospitals to evaluate the product in a real world setting from 2024. Many hospital labs already use the BioFire molecular platform in the UK but there will be significant clinical education and awareness needed to promote the use of IPP.

The technology is still going through clinical trials and the company is collecting the evidence needed for regulatory approval. Once approvals have been gained, there is the potential for real world service evaluations.

Contact

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Case Study 3: Cardiovascular disease – update on workstreams and opportunities

Date: Q3 2122

Theme/Patient pathway: Clinical Innovation Adoption

Summary

The Oxford AHSN is delivering a cardiovascular disease (CVD) programme, aligned to the NHS Long Term Plan ambition to reduce cardiovascular events. This update sets out the current workstreams and opportunities for engagement for integrated care systems (ICSs), clinical commissioning groups (CCGs), primary care networks (PCNs) and GP practices within the Oxford AHSN region.

These include:

- Lipid management and familial hypercholesterolaemia (FH)
- Blood pressure optimisation
- Atrial fibrillation
- Heart failure

Please contact hannah.oatley@oxfordahsn.org if you wish to find out more about any of the initiatives outlined below. We are keen to highlight best practice in CVD across our region and beyond – if you have any case studies, please let us know and we can support with developing and sharing these.

1. Lipid management and familial hypercholesterolaemia (FH)

The AHSN lipid and FH programme is focused on:

- improving detection of familial hypercholesterolaemia
- ensuring a consistent, national approach to lipid management, using NICE approved clinical pathways
- improving access to rapid uptake products for eligible patients including high intensity statins, ezetimibe, bempedoic acid, PCSK9 inhibitors and inclisiran.

Child parent screening

GP practices in our region have the opportunity to take part in a child-parent screening pilot for FH. This is based on a study which showed that child-parent screening for FH at routine 12-month immunisation visits was effective in detecting FH⁵. For every 1,000 children screened, eight people (four children and four parents) were identified as having positive screening results for FH. Training and consumables will be provided, genetic tests for parent and child will be funded and a small nominal payment per child screened will be available.

Primary care database searches

We will work with PCNs or practices to develop systematic approaches to carrying out database searches to identify and risk-stratify people who:

- are not on optimal lipid-lowering therapy and/or
- have lipid levels that may be indicative of FH.

⁵ [Child–Parent Familial Hypercholesterolemia Screening in Primary Care](#)

A range of free-to-use tools are available including the UCLP frameworks⁶ and Clinical Digital Research Collaborative⁷ Precision. We will work with ICSs, PCNs or practices to help them decide which tool best suits their requirement or whether locally run searches would be suitable. We can then support with:

- developing a project
- identifying any workflow or resource changes required
- implementing the project and supporting with project management and evaluation.

Novel products

Two novel products - bempedoic acid and inclisiran - have been added to the NICE approved lipid management pathway⁸ in the past 12 months. The AHSN will work with systems to understand any issues with policy implementation and barriers to access. We will facilitate educational events and ensure that our local teams have access to national experts and early adopters to support further discussions.

Education

Nationally, the AHSN Network has worked with Heart UK to develop a range of educational resources⁹ including videos, e-learning modules, podcasts, and virtual drop-in clinics. These are suitable for all healthcare professionals, especially those working in primary care.

2. Blood pressure optimisation

From January 2022 to March 2023, the AHSN Network will deliver a Blood Pressure Optimisation programme in partnership with NHSX. This will align to existing hypertension self-management workstreams already underway at ICS and CCG level. We will support PCNs and practices to optimise clinical care and self-management of people with hypertension through:

- risk stratification to prioritise which patients to see first
- use of the wider workforce to support remote care and self-care
- supporting systems to adapt systematic models of care, including UCLPartners Proactive Care Framework for hypertension¹⁰
- supporting patients to maximise the benefits of remote monitoring and virtual consultations where appropriate
- supporting implementation of digital solutions.

We will also support PCNs to increase detection of people with hypertension through case finding interventions (including practice case finding through patient record searches, and models that involve community pharmacists as part of the new hypertension community pharmacy scheme). We will support

⁶ [UCLP frameworks](#)

⁷ [CDRC](#)

⁸ [NICE approved lipid management pathway](#)

⁹ [Tackling Cholesterol Together](#)

¹⁰ [Proactive Care Framework for hypertension](#)

ICSs to reduce health inequalities by targeting 20% of the most deprived populations and other local priority groups (applying the Core20PLUS5 framework¹¹).

3. Atrial fibrillation (AF)

We are keen to work with systems, PCNs and practices to increase detection of AF and mitigate any reductions in AF detection during the pandemic. This includes:

- AF detection at home using smartphone apps
- targeted AF detection in COVID-19 vaccination clinics¹²

4. Heart failure

Heart failure (HF) occurs when the heart is unable to pump blood around the body as effectively as it should. HF affects 332 per 100,000 population with around 65,000 people newly diagnosed each year. Heart failure accounts for 5% of all unplanned admissions to hospital and is estimated to account for 2% of the total NHS budget with 70% of these costs attributed to hospitalisation. Re-admission is particularly common in HF patients with around a quarter of patients readmitted within 30 days of discharge.

Patients on optimal medication are less likely to be at risk of an acute decompensation or unplanned admission. Medicines optimisation in heart failure is critical in managing symptoms, improving quality of life, and reducing acute admissions.

The Oxford AHSN has developed a toolkit¹³ that sets out in detail the steps required to implement medicines optimisation in HF, including suggested search and review criteria. The 'Excellence in Heart Failure' toolkit draws on the learning from several HF medicines optimisation pilots across the country, including Buckinghamshire, Leeds, and South Lincolnshire.

Contact

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¹¹ [Core20PLUS5 framework](#)

¹² [Targeted AF detection in COVID-19 vaccination clinics: Guidance for developing a standard operating procedure](#)

¹³ [Excellence in heart failure - toolkit](#)

Operational Review

Introduction

Many of us had a sense of déjà vu as we headed towards the Christmas holiday period with rising community infections and hospitalisations caused by a new Covid variant. In Q3 2020/21 we supported the local systems stand up Covid Oximetry @home and Covid virtual wards. We had three months before the peak of Wave 2 in the second week of January 2021. Just before Christmas 2021 we were asked to support non-covid virtual wards, just three weeks before the peak of wave 4. We also responded with five volunteers to support the booster vaccination rollout. As it turned out our volunteers were not required, and the vaccination programme has seen very high uptake in the Thames Valley. Regarding non-covid virtual wards, as from the third week of January the national commissioners no longer require AHSNs/Patient Safety Collaboratives to support them. However, the three South East AHSNs/PSCs are engaging local systems to offer support and we remain engaged with the regional team in anticipation of a national commission from April 2022.

Community infection rates of Omicron among children have risen sharply since the schools returned. Infection in over 70s is also high.

Omicron and winter pressures have impacted on some engagement, notably in patient safety and lipid management. CAMHS Workforce pressures are impacting on delivery of patient numbers for the two national mental health programmes. FeNO uptake and asthma biologics, which Oxford leads nationally, are performing well. Oxford and Wessex, which leads FeNO, have a very successful collaboration on the asthma pathways to support these national innovation products.

Q3 has seen progress against most national programme priorities and innovation products, with good engagement and uptake throughout the region. We have made very good progress in our working relationships with the three ICSs we support – e.g. on inequalities, in industry partnerships, AI and digital solutions for CAMHS. Our local programmes have progressed well, e.g. use of elastomeric devices to support hospital at home.

In October we hosted a visit by Lord Kamall, Minister for Technology, Innovation and Life Sciences, and Matt Whitty, NHS England Director of Innovation, Research & Life Sciences and CEO of Accelerated Access Collaborative. We showcased three innovations and their teams – Sleepio, PIGF and Brainomix. In December. As one of the visits to all fifteen AHSNs by our NHSE/I and OLS commissioners, Oxford AHSN also hosted a virtual visit, with Matt Whitty, as well as NHSX and OLS colleagues, which focused on three areas; how we work with our local system – with a particular focus on CVD and stroke; how we support clinical and industry innovators; and, how we support and lead national programmes – with a particular focus on respiratory. This virtual meeting was supported by many of our stakeholders, board members, innovators, and industry partners. It prompted insightful discussion and validated the work that we are undertaking. The highlight was a virtual visit to the Slough vaccination centre and the team where patients are offered health checks to pick up undiagnosed cases of atrial fibrillation or diabetes.

Strategy and clinical themes

The Oxford AHSN is making good progress in developing 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.

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 developing and reviewing our AHSN Network Business Plan which will be endorsed in February, providing structure and governance direction for 2022/23. In tandem with the national plan, the Oxford AHSN business plan for 2022/23 is also being developed. This will include the new programmes - Wound Care, Polypharmacy and Virtual Wards – as well as an additional focus on medicines.

Integrated Care Systems and merging CCGs

We are collaborating with BLMK, BOB and Frimley ICSs and UK Health Security Agency and Unity Insights to create dashboards to identify inequalities across our region. The generic, smoking and cardiovascular disease system dashboards are complete. Respiratory and maternity are nearly complete. Work has started on the children and young people’s mental health dashboard. Sian Rees, Director of Community Involvement and Workforce Innovation, is leading work on an inequalities impact assessment.

A CAMHS digital project was initiated at the request of BOB ICS colleagues to conduct an audit of the digital offer to young people via CAMHS within the BOB geography and across the country. This work has been conducted by the mental health team and our digital lead. The work was accelerated before Christmas on request from the BOB ICS Chair for Mental Health. The first phase was reported to BOB colleagues in early January.

The AHSN’s COO and the BOB ICS Head of Strategy continue to meet monthly to improve alignment between the two organisations and to work together to develop links with industry healthcare innovators.

On 6 October the CEOs of Eastern and Oxford AHSNs presented to the BLMK Partnership Board on the role of the AHSNs. Both AHSNs ran 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 is the national lead on wound care and will lead this programme across BLMK.

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. We are exploring similar roles with both BOB and Frimley ICSs.

The AHSN’s Strategic and Industry Partnerships team meets with BOB ICS every two weeks. SIP is supporting community diagnostic hubs and led a successful collaborative bid for NHSX funding to support innovation in the perioperative care pathway and elective recovery.

Developing the organisation

Our monthly whole team get togethers have reverted to an online video meeting platform due to the Omicron surge. However, we tentatively plan to re-establish in-person meetings from March. These are important networking opportunities, and allow teams to join up and collaborate, sharing knowledge and best practice.

We continue with our programme of online team meetings. Every Monday the whole Oxford AHSN meets for a general update. On Wednesdays we have a 'show and tell' session for teams and invited external contributors to share insights. 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 are expecting the review of Oxford AHSN's evaluation skills commissioned from Wessex AHSN to report in January.

KSS and Oxford AHSNs have appointed a lead for environmental sustainability across the two regions. The role holder will also work with colleagues in Wessex, the regional team and the AHSN Network Community of Interest for Environmental Sustainability.

Collaboration with the NIHR ARC Oxford and Thames Valley is strong. We received approval for our new NHS Insights Prioritisation Programme (NIPP) project to evaluate virtual and face-to-face, transient ischaemic attack (TIA) clinics in the South E. This project will be jointly delivered (Nov 2021 to March 2023).

The AHSN's COO meets regularly with the COO of Oxford Academic Health Partners to improve alignment.

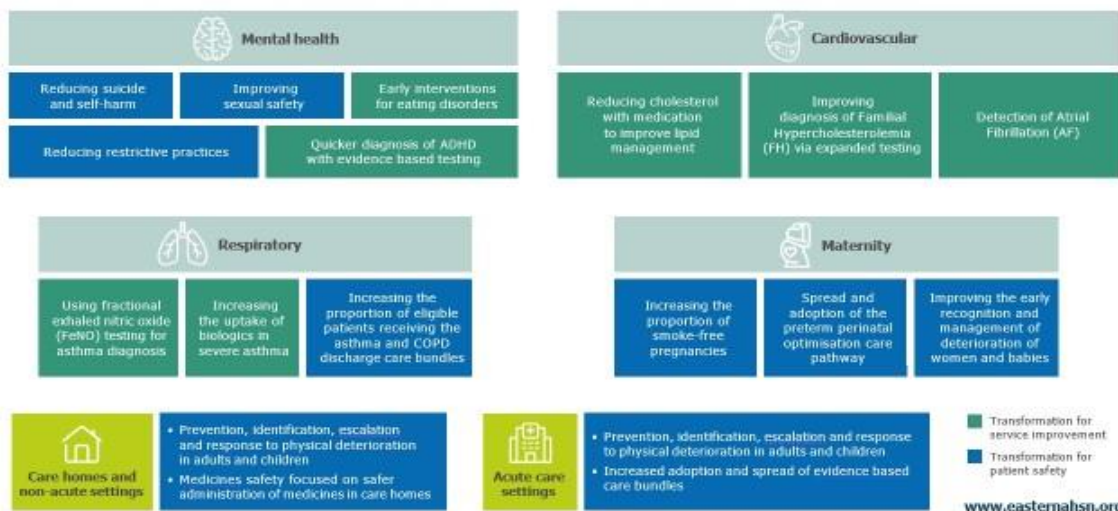
National, regional and local programmes

The national programmes and main local programmes are set out below. Home blood pressure monitoring started in Q3. Inclisiran was added to the RUPs in the last quarter.

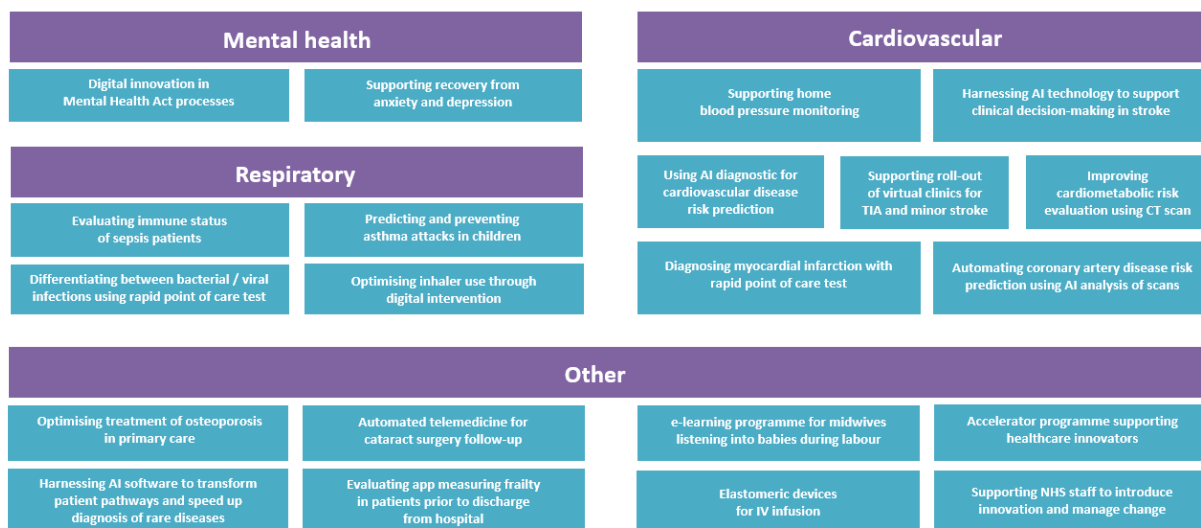
The AHSN Network has agreed with commissioners to start two new national programmes – Wound Care and Polypharmacy. The initiation is staged with AHSNs starting just one of these programmes with the aim to share learning before all AHSNs commence both programmes next April, subject to certain conditions being met. The Oxford AHSN will start with Wound Care in Q4 2021/22, followed by Polypharmacy in Q4 22/23. All AHSNs commenced the roll-out of Inclisiran. This has been challenging given the pressures in primary care – however, we remain committed to supporting this roll-out.

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 Healthcare are continuing to make progress with 18 assessments undertaken and 14 patients on the FREED pathway. Buckinghamshire 'soft' launched the initiative in Q3, with 12 assessments completed, and 10 patients moving onto the FREED pathway in Q3. Oxford Eating Disorders Service (OHFT) are considering adopting the FREED model. There have been significant changes to the personnel and management within the Team. Recent absences through ill-health have also impacted on these discussions. If Oxford ED adopts FREED this will have an impact on the potential numbers of patients benefitting (i.e., accessing treatment via FREED), though this will not provide an uplift in patient benefit numbers until at least 22/23 Q1 so we remain behind plan.
ADHD	There were long running contractual delays in the process of Buckinghamshire Neurodevelopmental Service. The contract is now signed, and training booked for January 2022. (QbTest implemented within CAMHS service run by Oxford Health - not planned for Buckinghamshire Healthcare Trust to contract for QbTest separately.)
Lipid management	Activity and performance in Q3 were as expected, with positive engagement at ICS level. At the end of Q3 and as we enter Q4, our ICSs are responding to COVID pressures and the booster programme and so progress is likely to slow until Q1 of 2022/23
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	PCN engagement successful and IT solutions in place for clinicians to start work. 14 practices across BOB ICS signed up to SPECTRA tool. First patients receiving asthma biologics treatment.
Heartflow	Buckinghamshire Healthcare are now at Stage 4 implementation (IT contract) Efforts are still being made to understand the situation and desire to adopt at Royal Berkshire NHS Foundation Trust, however this has been slowed due to Covid pressures.
Securacath	Oxford AHSN is supporting the manufacturer and CCG with adoption conversations, however BLMK have indicated they are in crisis due to Covid pressures so progress on non-Covid innovation projects has ceased until they are able to return to "business as Usual".
Gammacore	In conjunction with the manufacturer, activity is ongoing to engage with stakeholders at Royal Berkshire NHS Foundation Trust (RBFT) to understand if they have a headache service, then plan activities accordingly. RBFT is the only trust in the Oxford AHSN region yet to have adopted.
Inclisiran	We have carried out extensive engagement work and preparation for implementation of Inclisiran into the pathway. However, in line with the national position our trajectory of patients benefitting is significantly behind. Some of the reasons for this include: - AAC lipid management pathway not updated to include Inclisiran until mid-December. Feedback from BMA/RCGP impacting on LMC position locally. Lack of shared decision-making tool to support GPs in initiating a novel medication prior to hard outcome data being available. Inclisiran search tool delayed. COVID-19 booster pressures mean that lipid management has not been a focus for primary care

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

Cardiovascular

- **CVD/lipid management** - programme continues to make good progress with the trajectories met for ezetimibe but PCSK9i uptake has flattened off. The **Inclisiran** programme has launched, and engagement activities have begun with Integrated Care Systems. However, in line with the national position our trajectory of patients benefiting is significantly behind. A provider has been appointed for the BLMK Community Lipid Service, due to go live in March 2022.
- The **national AHSN hypertension programme** launched in Q3. An evaluation of the digital tools available to support the hypertension self-monitoring pathway has been carried out and has been shared with BLMK CCG. This evaluation will be shared with Frimley and BOB ICS once the current COVID booster pressures have reduced. BLMK CCG and Frimley ICS have each signed up to be part of the wave 2 proactive care @home pilots. This encompasses the UCLP proactive care framework for hypertension and so is well aligned to the AHSN BP optimisation programme.
- **AI evaluative work on Brainomix** moved to the next phase of the AI Brainomix Imaging evaluation with a focus on accuracy and safety. Patient level SSNAP Data Access Request has been submitted to HQIP and support has been requested from the National Clinical Lead for Stroke (GIRFT) for NHSE and the National Digital Lead, to expediate the process. Construction of a new SQL database to store and process SSNAP data has started.
- **EchoGo Pro** - Ultrasonics has started recruiting patients for data collection from multiple sites across the UK. Sites will be finalised by October 2022, and patient recruitment (2,500 participants) completed by December 2022. Participants will have a follow-up visit in June 2023. Data analysis is due to start July 2023 with the aim to publish the clinical and economic evidence in September 2023.
- **Virtual TIA clinics** - in partnership with the Applied Research Collaboration (ARC) Oxford and Thames Valley, we received approval for our new NHS Insights Prioritisation Programme (NIPP) project to evaluate virtual and face to face, Transient Ischaemic Attack (TIA) Clinics in the South East. This project will be jointly delivered (Nov 2021 to March 2023).
- **Atrial Fibrillation** – limited progress in Q3 due to Covid booster pressures, however an implementation plan has been developed for BOB ISDN health inequalities project, and Patient information and data sharing agreements developed for Omron-CardioSignal project
- **CVD Heart Failure** - Toolkit shared with Regional Medical Director, Vaughan Lewis, and regional CVD lead Shahed Ahmad which received positive feedback.
- The CIWI team developed quality improvement tools for GPs regarding **BP @ Home** with CIA and the first video of 11 has been finalised and clinically/patient signed off
- Results from an Early Economic Evaluation of the use of A Novel Point of Care Device for Diagnosis of Suspected **Acute Coronary Syndrome** was published.

Maternity/Neonatal

- **Place of birth** - Q3 data on preterm births born in the right place demonstrates sustained improvement with trusts in the Thames Valley & Wessex Neonatal Network. 85.5% of babies less than 27 weeks' gestation were born in a centre with a Level 3 neonatal intensive care unit, and Local Maternal & Neonatal (LMNS) level within BOB this is now at 94.5%.
- **Deferred cord clamping** – Last MatNeo Patient Safety Network held – great attendance from all Trusts – was able to present new data showing %of premature babies receiving delayed cord clamping has moved from 26% to 53% (Jan-Dec 2021).
- **Steroids** - 94% of mothers giving birth 23-33 weeks' gestation receive at least one dose of steroids and 43% receive two doses. The continued focus is to improve uptake of two doses.

- **PIGF** – continued engagement to understand the ongoing maintenance of use of the test and facilitation, signposting and issue resolution via the Accelerated Access Collaborative (AAC).
- CIWI - **SE Maternity Voices Partnership** workshop on engagement methodologies with the charity Involve this Thursday. Supporting work around health inequalities and seldom heard groups.

Mental Health

- **ADHD** - QbTest is already implemented in Berkshire and Oxfordshire, Buckinghamshire ADHD Service is expected to implement at one site during January and a second site following shortly after that. MK CAMHS service is now exploring implementation. Patient uptake is behind target.
- **FREED** Berkshire Healthcare are continuing to make significant progress with 18 assessments undertaken and 14 patients on the FREED pathway. Buckinghamshire 'soft' launched the initiative, with 12 assessments completed, and 10 patients moving onto the FREED pathway in Q3.
- **Sleepio** – we are continuing to support the NICE review of Sleepio, including sharing the data from the Thames Valley project in support of this work.
- **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.
- **Anxiety and Depression (IAPT) Network** - Q3 saw a meeting of our 'Increasing Older Adults' access to psychological therapies' network. This group had not met since January 2020, but it was agreed this was the right time to reinvigorate it, to look at treatment available for people with mild cognitive impairment and to raise awareness of anxiety and depression in older adults and to increase referrals, particularly in primary care.
- **Paddle phase 2 pilot** – Q3 showed encouraging data sets flowing from the app, confirming that risk protocols are fit for purpose.
- **Meet the clinicians** – Matt Williams facilitated an engaging session at TheHill Accelerator event with ex-service users and innovators discussing men's mental health and digital solutions, leading to a proposal of three online events for additional companies to present their digital products that potentially support men's mental health.
- **CAHMS digital review** – on request by the BOB SRO for Mental Health, our mental health team and digital lead have reviewed digital solutions for CAMHS.
- Sharing learning session with mental health providers in our region regarding the use of OxeVision (tech that enables **remote monitoring of wellbeing in wards**).
- **Restrictive Practice** - Oxford Health has joined the programme.
- Oxford AHSN has a new **Mental Health Steering Group** to oversee the work.
- Positive report from BHFT and Oxford Health on the **mental health liaison service** work with Thames Valley Police.

Respiratory

- **Asthma Biologics** - The Asthma Biologics Digital Toolkit was launched, alongside a series of SPECTRA webinars, HASTE podcast and poster, NHSBSA Respiratory Dashboard and new Oral Corticosteroid Metric. These resources were shared with all AHSNs at our national deployment briefing sessions. Uptake is progressing well.
- Fractional Exhaled Nitric Oxide (**FeNO**) for the diagnosis and management of Asthma project - FeNO testing continues to embed into asthma diagnosis and management pathways in primary care at the PCNs where PTF was successful. Uptake is well ahead of target.

- **COPD and Asthma Discharge Care Bundles** have been adopted by all acute Trusts. We have made continued progress, particularly in COPD care bundles, with 67% of discharged COPD patients receiving all elements of the bundle (more than double the national average). One Trust has now moved these care bundles onto their Electronic Patient Records (EPR) system, with another actively working towards this goal.
- **BreatheOX.** “Albus Home” is a contactless paediatric asthma home monitoring device, which uses motion and acoustic sensors to automatically monitor physiological and environmental metrics passively. A feasibility study was completed in Q3, engaging clinical stakeholders associated with the paediatric asthma care pathway to help identify barriers to adoption and any potential improvements of the device. The findings will be published in Q4.
- **Oximetry @home.** AHSN Network won the HSJ Patient Safety Award. The three SE AHSNs led the way last year in supporting the rollout before this became a national programme. 17,000 patents were onboarded in the South East in the six months to March 2021.

Diagnostics

- Leveraging the work chairing the HealthTech Connect innovator portal, key activity for Q4 is to establish an **AHSN Network community of interest group for diagnostics**.
- Oxford AHSN contributed to round one of **Community Diagnostic Hubs (CDH)** submission for Amersham and Oxford and introduced BOB ICS to GE Healthcare. A longer-term strategy with the BOB ICS around IVD is being developed. Oxford AHSN leveraged £440,000 from the NHSX Adoption Fund for BOB ICS to support elective recovery in the peri-operative pathway, and additional £115,000 was leveraged from NHSX to support better diagnosis of epilepsy in the community setting, the project will jointly be delivered with OUH and Royal Wolverhampton Trust.

Other clinical areas

- **Medicines optimisation** – Oxford AHSN has developed a toolkit to support ICSs/PCNs/AHSNs to deliver medicines optimisation projects for heart failure.
- **Heartflow** and **SpaceOAR** numbers are progressing. **SecurAcath** is in excess of target.
- **Bone Health** - evaluation of the case finding tool was completed, improvement suggestions were incorporated into the template, and the updated version will be shared with practices in early Q4.
- **Elastomeric devices** - Oxford AHSN and OUH attended the Thames Valley Chief Pharmacists’ meeting in October and gave a brief presentation of the work undertaken at OUH, the programme was also presented at ministerial visit in December 2021, which was very well received. Plans to develop a structured project across the South East and more widely have been discussed and will be progressed further in Q4. Request to HEE for funding to support training requirements for this programme was successful and will support elective recovery.
- **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 real-world evaluation has been completed in Q3, with the economic evaluation taking place in Q4.
- **Rare diseases.** Mendelian has developed software called MendelScan which scans the coded sections of a patient’s GP record looking for rare genetic diseases. The Oxford AHSN team is in contact with University Hospitals Birmingham (UHB) which hosts the CAS GMSA and hold the funding allocation for this project, the funding is being awarded to the participating Primary Care Network and Mendelian. The team is keen to start the project however a contract needs to be issued by UHB and the funding released to allow the project to progress. Even with the current primary care pressures the PCN are still very keen to kick off evaluation.

- **Polypharmacy** - Oxford AHSN contributed to a joint AHSN meeting to work-up a national polypharmacy programme. Locally, development of a protocol for the study to optimise structured medication reviews (OSCAR study) continued and is nearly complete. Primary care engagement was planned, and a primary care network pharmacist introduced for the steering group.

Workforce

- We continue to support the BOB ICS on the enhanced occupational health and wellbeing evaluation which is gaining momentum. Touch point visits to Trusts were undertaken to ensure a wide and diverse population of staff's thoughts were captured.
- Regionally, a report has been written capturing the views of senior leaders in the South East, around the utility of regional health and wellbeing resources during Covid-19. Three AHSNs (Kent Surrey Sussex; Wessex; Oxford) have collaborated on this report.

Environmental sustainability

- The team prepared for the next Learning event scheduled for February 2022 - the third in a series of webinars hosted by the AHSN Network, specifically focussed on reducing the carbon impact of asthma inhalers. 400+ people are already registered for the next event.
- Meeting held with Chiesi Pharmaceuticals to discuss their pilot asthma inhaler recycling scheme.
- Work continued with the National PPE team and the National PPE Innovation and Sustainability team on reusable PPE.
- An introductory meeting was held with National Wound Care Strategy Programme about the environmental impact of the programme and a meeting held with Smith & Nephew to discuss potential joint working on the National Wound Care Strategy Programme.
- We have been reviewing and advising on local Trusts' NHS Green Plans.
- Sustainability report submitted to Binding Sciences (Releaf Seated, urinary incontinence) – very positive impact – see case study above.

Economic growth and company support

- Oxford AHSN continued to chair the HealthTech Connect innovator portal - a secure, online database of devices, diagnostics and digital health technologies intended for use in the NHS or wider UK health and care system. This will be replaced by the NHS Innovation Service in 2022. Closed beta testing of the new platform with AHSNs and other contributing organisations continued until end of December 2021.
- The number of companies supported under Core Function 2 (September to December) was 65 companies (down from 106 last quarter).
- **Oxford AHSN Accelerator** Programme: Winner was Oxomics – a University of Oxford cancer diagnostics spin-out.

Communications and stakeholder engagement

- We continue to develop our online offering, including an interactive digital brochure highlighting our key priorities. We continue to update our website and ensure it is accessible to all users. The main and patient safety sites combined had around 7,000 page views per month in Q3.
- We continued to invest in social media activities to help showcase our work to wider audiences. In Q3 our LinkedIn account passed 1,000 followers.
- December's virtual meetings with Matt Whitty and other partners helped push engagements on our Twitter account (@OxfordAHSN) over 300,000 for the month with 3,000 profile visits.

Finance

Forecast revenues of £5.3m are close to plan. Costs at £5.3m are also on plan. Additional expenditure on development of the Oxford AHSN Pipeline has offset pay underspends across the AHSN due to vacancies and delayed recruitment to posts.

Table 2. Financial Year Ending 31 March 2022		
	Opening Plan	Forecast
INCOME		
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	506,706
Other Income - Inclisiran Support	0	37,098
Other Income - Blood Pressure	0	60,000
Other Income - NHS Insights Priority Programme	0	94,954
Other Income - Partner Contributions	330,000	295,000
Other Income - Grant Funding from Accelerare Ltd	211,981	0
Other Income - Management Charges	25,000	27,902
Other Income - Patient Safety & Clinical Improvement	0	43,000
Other Income - Clinical Innovation Adoption	298,000	426,244
Other income - Strategic & Industry Partnerships	319,917	199,823
Other Income - CIWI	28,320	24,850
Total income	5,338,669	5,263,127
AHSN FUNDING OF ACTIVITIES		
Patient Safety	577,901	506,706
Clinical Improvement	215,407	209,734
Clinical Innovation Adoption	1,445,115	1,528,682
Strategic & Industry Partnerships	1,150,217	1,067,328
Community Involvement & Workforce Innovation	433,613	431,354
Communications, events and sponsorship	134,980	126,712
Contribution to AHSN Network	168,000	183,022
Pipeline Costs	55,872	20,000
General Contingency	0	38,867
Programmes and themes	4,181,105	4,112,403
CORPORATE		
Pay costs	701,710	724,650
Non-pay costs	455,854	426,074
Total Corporate Costs	1,157,564	1,150,724
Total expenditure	5,338,669	5,263,128
Net Income/Expenditure	0	0

Risks and issues

Primary care is stretched, and this is impacting Inclisiran uptake. EIED is delayed due to Information Governance issues at Berkshire Healthcare and incomplete adoption at Oxford Health.

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

Patient Safety and Clinical Improvement (PS&CI)

Managing Deterioration Safety Improvement Programme (ManDetSIP) – National Programme

Reducing deterioration-associated harm by improving the prevention, identification, escalation, and response to physical deterioration. This is achieved through better system co-ordination, and as part of safe and reliable pathways of care in three core areas.

1. Covid Virtual Wards and Covid Oximetry @home

Designed to increase capacity to help service providers manage sustained impact due to Covid. Covid Oximetry Virtual Wards are sustained practice with all our regional acute Trusts continuing to run a service. We are now engaging to stakeholders to gauge the potential for further development in this area, to include virtual ward programmes for other respiratory infections and frailty.

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

We continue to support local partners to **roll out RESTORE2¹⁴ 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 **ReSPECT¹⁵**, complementing existing documentation, creating consistency across service user pathways, focusing on digital solutions.

Progress with RESTORE2 in Oxfordshire had previously been limited to acute areas; funding has now been identified to initiate training to Care Homes. This will start in Q4 in collaboration with Oxford Health Care Home Support Service, with an initial pilot with 10 homes. It is intended to expand an existing local evaluation project to examine the impact of this pilot, which will in turn be used to support a bid for sustained training funding. Bucks Health and Social Care Academy was unsuccessful in a bid for additional funding to support the sustained provision of RESTORE2 training in the county; this presents a significant risk to continued provision using the current delivery (a commercial telemedicine provider), so we will be exploring alternatives in Q4.

Our quarterly **regional Deterioration and Sepsis Stakeholders Patient Safety Network** meeting was scheduled for Jan 22, was cancelled due to Covid pressures impacting on external stakeholder engagement and ability to attend. This has been rescheduled for Mar 22.

3. 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 Tracking¹⁶ (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 Q4.

¹⁴ RESTORE2: <https://www.patientsafetyoxford.org/clinical-safety-programmes/sepsis/news2-national-early-warning-score/>

¹⁵ ReSPECT: <https://www.resus.org.uk/respect>

¹⁶System-wide Paediatric Observations Tracking: <https://www.rcpch.ac.uk/resources/paediatric-early-warning-system-pewsystem-developing-standardised-tool-england>

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

Improving 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.

We held a very well attended Maternity and Neonatal Patient Safety Network meeting in December and are proud of the engagement and dedication of our stakeholders who are making a positive impact on improving outcomes for mothers and babies.

Optimisation & Stabilisation pathway for the preterm infant

Place of Birth for Preterm infants

Cumulative data on preterm births born in the right place for 2021, including Q3, evidenced sustained improvement with trusts in the Thames Valley & Wessex Neonatal Network (TV & W ODN). 85.5% of babies less than 27 weeks' gestation were born in a centre with a Level 3 neonatal intensive care unit. At Local Maternal & Neonatal (LMNS) level trust within BOB are at 94.5%. This is important because outcomes are better for these babies who receive evidence-based interventions in a timely manner.

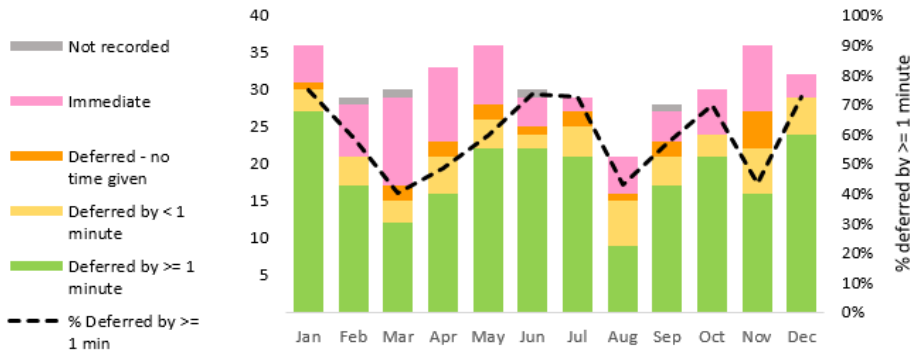
Data on the timely administration of Magnesium Sulphate shows sustainability of our improvement work and is currently at 93% for trusts in the Thames Valley Neonatal Network.

Optimal cord clamping QI project

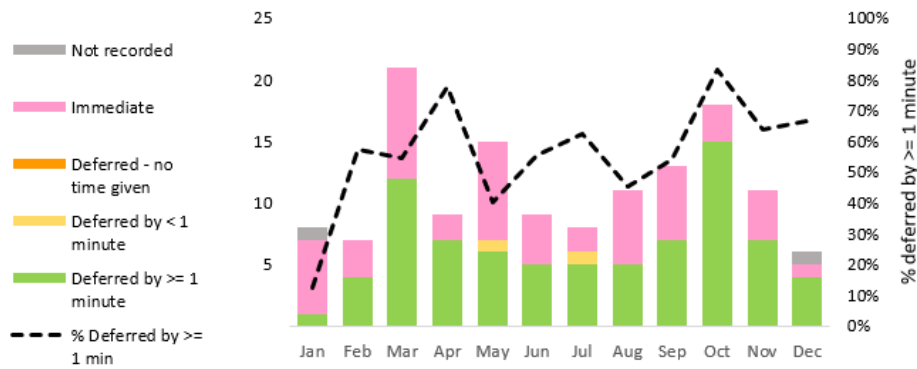
The MatNeoSIP cord clamping project is key in supporting delivery of an increase in the proportion of eligible preterm babies who (less than 34 weeks' gestation) who receive delayed cord clamping at the time of birth to 95% or greater by 2025. Robust evidence demonstrates that compared with immediate clamping of the cord, aiming to delay clamping for at least 60 seconds in very preterm infants reduces death or major disability at 2 years by 17%. Our Patient Safety Network are making solid progress towards achieving that target adopting a perinatal approach to the management of the preterm infant.

Deferred Cord Clamping: 2021 Data – Babies born at less than 34 weeks
 Data source: TVW Neonatal ODN

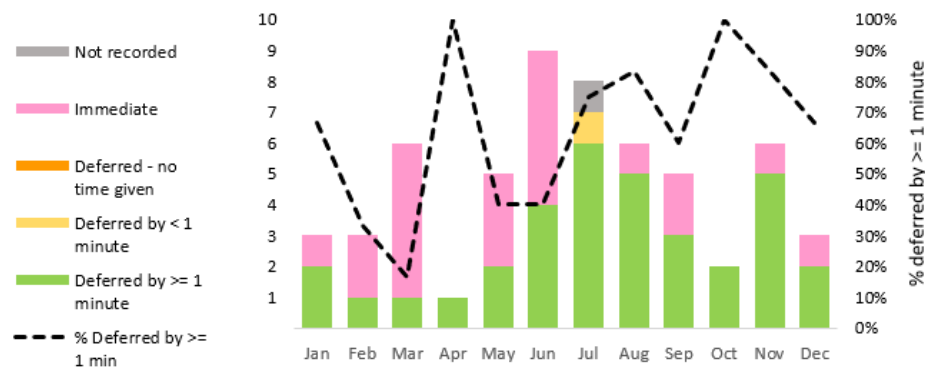
BOB Local Maternity & Neonatal System (LMNS)



Frimley Local Maternity & Neonatal System (LMNS)



Milton Keynes NHS Foundation Trust



The graphs show that the data is very encouraging, and we are pleased to see incremental improvements across all trusts. A note of caution: numbers of babies born at district general hospital level are thankfully small and the data must be interpreted with that in mind. There will be occasions when delayed cord clamping is contra indicated and we are encouraging organisations to collect the narrative to accompany the data.

Q3 work on the timing and administration of antenatal steroids

This project went live in November, and we hope to be able to report on some of the data by Q4. It aims 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.

Current data indicates,

- 94% of mothers who give birth between 23- and 33+6weeks' gestation receive at least one dose of steroids
- 43% of eligible women receive two doses (a full course) at less than 7 days prior to giving birth

Therefore, 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.

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.

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

Q3 2021 proved to be another very challenging period for Care Homes in our region; while still recovering from the legacy impact of the previous Covid waves, they were hit by escalating staffing issues caused by the mandatory vaccination requirement which came into effect on 11th November, plus the onset of Omicron infections and the vaccine booster programme. Further government restrictions on visiting by relatives also impacted negatively on homes and residents.

In addition to the online training package in basic QI and project set up delivered to one of our three Cohort 1 care homes in Q2, during Q3 we also delivered face to face sessions for the other two; these were both well attended by senior carer staff and very well evaluated. We facilitated a process mapping session at one of the homes to help them improve their medicines administration procedures.

All three homes were supported to start collection of baseline data for their QI projects but unfortunately Covid pressures, staff absences and other priorities have resulted in delays to the project, and the process is currently incomplete for all three, with one formally requesting to pause their involvement.

We have recruited three Medicines Safety Champions, and in collaboration with colleagues from KSS and Wessex AHSNs, have worked up a package of guided self-directed learning for them. This will be initiated in our region during Q4 with the objective of holding some joint sessions in the SE region as the project progresses.

Care Homes Patient Safety Network

Two further Care Homes Patient Safety Network meetings were held this quarter and were well attended by senior stakeholders. The BOB SRO for Care Homes has also established a bi-monthly System Care Home meeting which we have been invited to join, and work is ongoing to establish how the two meetings will relate. Currently the network membership is solely from the BOB ICS. However, once the structure and function has matured, facilitation of a similar network will also be offered to Frimley ICS

Deprescribing Opioids

The national team have now reviewed the 112 interventions identified by AHSNs during the diagnostic phase, stratified them under a series of headings, and developed a whole system approach to achieving the programme objective of reducing high risk opioid prescribing by 50% by March 2024. We will be promoting this to colleagues working in the field in our region and offering support as appropriate.

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

COPD and Asthma Discharge Care Bundles

All regional acute care trusts continue to use both care bundles embedded within practice. Success criteria is measured through the National Asthma and COPD Audit Programme (NACAP). We have made significant progress. By the end of Q3, 67% of discharged COPD patients in our area received **all** elements of the bundle (the 'Appropriate Care Score' below), a significant increase from 35% in Q2. Averaged over Q3, we were the highest performing AHSN - achieving more than double the national average. 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 86% of the bundle (up from 64% at the end of Q2).



As this programme is projected to end in Q4, focus has moved to sustainability. One Trust has now moved these care bundles onto their Electronic Patient Records (EPR) system, with another actively working towards this goal. A further Trust has now established a formal process with community partners enabling follow-up of patients following discharge. This has led to direct improvements in patient care, for example the early diagnosis and treatment of a community patient suffering from a pulmonary embolus shortly after discharge from acute care.

Mental Health Programme

Oxford AHSN maintains a significant focus on mental health. The programme comprises of national, regional, and local programmes. During Q3 we held our first steering group meeting, chaired by Minoos Irani (Medical Director of Berkshire Healthcare). Useful discussions took place and new contacts were made, across our geography. The steering group will help us review current work and develop future work that is relevant and useful to our locality, and the second meeting will take place in March 2022.

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

The emphasis of the MH SIP throughout Q3 has been

- Workstream 1: Reducing restrictive practice (RRP) in inpatient MH and LD services. (No commencement dates for workstreams 2 or 3 are expected in Q4).

Q3 has seen good progress, although there have been challenges running projects at ward level due to pressures on Trusts from Covid, staffing vacancies/use of bank staff and staff turnover. Useful on site/in-person visits to wards were starting with visits to Central North West London MK and Oxford Health in Q3 prior to Covid Omicron problems ceasing on-site visits for the foreseeable future.

The number of wards involved in this initiative has increased from 4 to 6 (1 at OH subject to final confirmation in January)

CNWL MK	1 (no change)
BerksHT	2 (up from 1 in Q2)
OH	3 (up from 2 in Q2)

BerksHT's RRP projects are underway with internal QI staff support and will share in February QI data and PDSA information etc for us to compare with other Trusts and share with the national MH SIP programme.

CNWL MK RRP project is enthusiastically engaging with our offer of support. They have facilitated our access to data via Life QI and are due to agree what type of AHSN support will add the most value via meetings scheduled for January.

Oxford Health's 2 Buckinghamshire acute wards had major Q3 staff changes and as a result their RRP projects are effectively re-starting in January 2022. AHSN support will initially focus on the fact that newly promoted ward managers are leading both ward projects and require support forming RRP project teams. All support will be dovetailed with any internal QI capacity.

The South of England Mental Health Collaborative (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 12 months.

Anxiety and Depression (IAPT) Network – Local Programme

This network strives to continuously improve patient outcomes, and service delivery, through new, innovative approaches, working very closely with its active Patient Forum.

Q3 focus has been implementing the Paddle phase 2 pilot, aimed at supporting patients, post-treatment, to stay well and, from a research point of view, collect data on durability of clinical gains. This has not been done before and has involved complex development activity within existing EPR systems, as well as ensuring robust risk protocols are integrated into the design. This pilot is a result of close partnership with all Improving Access to Psychological Therapies (IAPT) services across Thames Valley, our network's Patient Forum, the app developers, and the bespoke EPR system developers. By the end of Q3 the first data sets were flowing from the app, and we had determined that the risk protocols were fit for purpose.

The 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). Early indicators from our pilots are that additional support, in the form of employment advice and support, may support this patient group towards recovery. More data will be collected over the next 8 months.

The network has received full funding from regional HEE (£115,000) to continue with the Positive Outcomes for Personality Disorders Programme and will work in close partnership with Oxford Health's Complex Needs Service to deliver this.

In Q3 we held a meeting of our 'Increasing Older Adults' access to psychological therapies' network. This group had not met since January 2020, but it was agreed this was the right time to reinvigorate it.

The group priorities are

- Looking at the treatment available for people with mild cognitive impairment
- Continuing to raise awareness of anxiety and depression in older adults and to increase referrals, particularly in primary care

As well as this wider network, we also organise meetings of IAPT Older adult leads for the sharing of best practice between areas.

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

Focus ADHD aims to improve 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 is expected to implement at one site during January and a second site following shortly after that, with delays in contracting causing us to fall short of our Q2 and Q3 targets. MK CAMHS service is now exploring implementation, and we have facilitated discussions with QbTech, the company that produces QbTest.

We are exploring the potential for improving ADHD identification and assessment for those in contact with youth offending services, and those most at risk of school exclusion, in collaboration with Kent Surrey and Sussex and Wessex AHSNs.

The South East Community of Practice for clinicians and services managers working in children's ADHD assessment services, has held three very successful meetings so far with speakers on topics such as ADHD and Primary Schools, research on Transition to adult services, Youth Offending and a parent speaking on their experiences. This Community of Practice is organised in partnership with Kent Surrey and Sussex, and Wessex AHSNs.

Student mental health - Regional and Local Programme

We continue to work with NHSE/I SE Clinical Networks and Kent Surrey Sussex AHSN exploring issues around student mental health, looking at where the AHSN may be able to add value - and linking in with Long Term Plan priorities. We have now completed our interviews with stakeholders from across our footprint, including representatives from universities, NHS, and voluntary sector organisations, looking for examples of good practice, what is working well, concerns and challenges, and variations. A report is being completed. A regional event is being held on 15th February to which interview participants and key individuals have been invited.

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)

Q3 has been a productive quarter, with concurrent planning for completion on programme phases (RUPs transition plans completed) and planning for the new activities. Networking is as vibrant as ever, with activities including learning sets taking place with the regional Meds Optimisation Network, new local work underway with the ARC on the Optimising structure Medication review Study, and engagement meetings with BLMK, BOB and Frimley on CVD/BP@home, HF inequalities and other discussions on support needed within these ICSs.

The CIA Team remains keen to deliver innovation and change programmes and is looking forward to leading on the new AHSN Networks Polypharmacy Programme and the Rapid Uptake Products, with planning scheduled to start next quarter.

Most importantly, we welcome Lauren Fensome, who joined as a new CIA Manager and brings with her many years of digital primary care skills which will strengthen our capability to support regional digital activities.

Key achievements within the *deploy* stage include:

- **Asthma Biologics** launched: Asthma Biologics Digital Toolkit, a series of SPECTRA webinars, HASTE podcast and poster, NHSBSA Respiratory Dashboard and new Oral Corticosteroid Metric. All were shared with all AHSNs at our national deployment briefing sessions (jointly led with Wessex AHSN, who lead on FeNO).
- **Fractional Exhaled Nitric Oxide (FeNO)** for the diagnosis and management of Asthma Project: FeNO testing continues to embed into asthma diagnosis and management pathways in primary care at the PCNs where PTF was successful.
- **National CVD programme:** RUP trajectories have been met for high intensity stains, ezetimibe and PCSK9i. The Inclisiran programme has launched, and engagement activities have begun with Integrated Care Systems. A provider has been appointed for the BLMK Community Lipid Service, and this is due to go live in March 2022 (delayed due to COVID booster programme). The national AHSN hypertension programme launched in Q3 and the CIA/CIWI teams continue to engage with ICS on hypertension.
- **First episode and Rapid Early intervention in Eating Disorders (FREED):** Buckinghamshire FREED service began assessing and treating patients in Q3.

The develop stage is mainly managed by Alison Gowdy who continues to do an excellent job at developing key projects for regional spread.

Key achievements within the *develop* stage include:

- **Bone Health:** the first reporting was completed using the case-finding tool. A follow-up webinar was held with the 9 participating GP practices.
- **Elastomeric Devices:** Excellent engagement with Royal Berkshire FT, who are keen to introduce elastomeric device for furosemide infusions as part of their virtual ward.
- **BPE patient videos:** Alison has kept the momentum going with busy clinicians, to produce high quality information patient videos that will be shared nationwide.
- **AI Evaluation:** Completed and shared reports for the (1) SE AI Imaging Evaluation (Brainomix and Rapid AI); (2) The NHSX AI Brainomix Stroke Imaging Evaluation.

Other activities

The Innovation Course commenced cohort 11/module one and cohort 10/module two this quarter. Health Education England Southeast funded the next cohort, and the offer of places has now been extended to the Southeast region, with a focus on recruiting Allied Health professionals.

The CIA team and the Applied Research Collaboration (ARC) Oxford and Thames Valley received approval for our new NHS Insights Prioritisation Programme (NIPP) project to evaluate virtual and face to face, Transient Ischaemic Attack (TIA) Clinics in the Southeast Region. This project will be jointly delivered (Nov 2021 to March 2023).

A CAMHS Digital Project was initiated at the request of BOB ICS colleagues to conduct an audit of the digital offer to young people via CAMHS within the BOB geography and across the country. This work has been conducted with colleagues from within the Patient Safety Team and may lead to additional work in Q4 when a report will be submitted.

Matt Williams (CIA Manager) ran an engaging “Meet the Clinician” session at The Hill Accelerator Event discussing men’s Mental Health and digital solutions. This led to a proposal for 3 online events for additional companies to present their digital products that potentially support men’s mental health.

Publications

Opioid Dependence and withdrawal associated with some prescribed medicines: An evidence review¹⁷.

Key Planned activities for Q4

- Lipid Management:
 - Formally appoint clinical lead
 - Develop bid to support Frimley ICS in improving lipid management
 - Continue to support BLMK CCG through the implementation of the community lipid project
 - Support ICSs to adopt new AAC/NHSE lipid management pathway, including novel therapies bempedoic acid and inclisiran.
- Hypertension: work with CIWI team to launch AHSN hypertension support offer, aligned to national programme.
- Bone Health: Updated reporting template to be distributed to practices; second report to be run and a webinar scheduled with to discuss the results and provide support to participating practices.
- Elastomeric Devices: finalise regional project plan, including webinars to support Trusts wishing to implement the devices
- Heart Failure: launch the Excellence in HF toolkit and continue to support BOB ICS with planning and delivery of the HF inequalities programme (note delayed activity from Q3 due to COVID and booster programme pressures).
- Move to the next phase of the AI Brainomix Imaging evaluation with a focus on accuracy and safety.

¹⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940255/PHE_PMR_report_Dec2020.pdf

- Explore sustainability of the Adopting Innovation and Managing Change in Healthcare Settings programme, especially given the interest from HEE during in Q3 for us to offer the course across the Southeast Region.
- Continue NIPP Project development: TIA Clinics Evaluation.

DEPLOY - National programmes

CVD PREVENTION

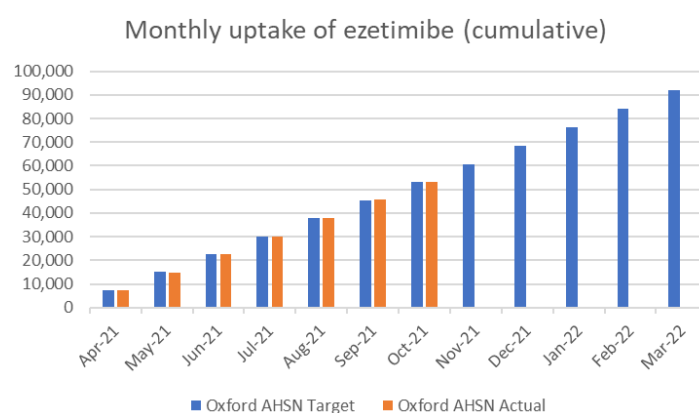
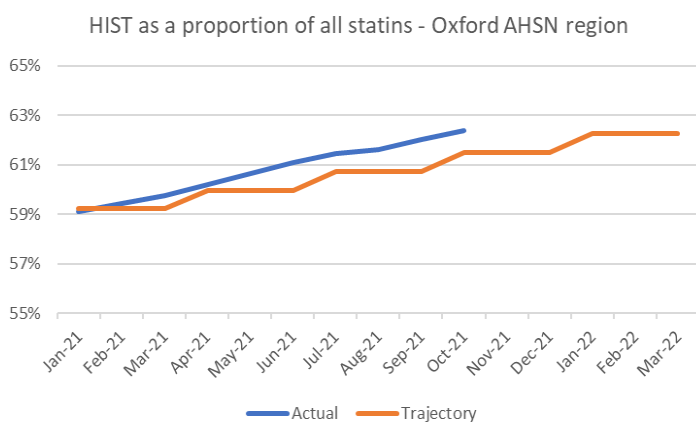
The AHSN lipid management programme aims to:

- Embed the NICE/AAC lipid management pathway
- Improve medicines optimisation for lipid management
- Increase diagnosis rates for familial hypercholesterolaemia

Lipid Management

Progress in Q3

- BLMK CCG have appointed a provider for the Community Lipid Service. This service was due to launch in Q4 but has been postponed for 8 weeks due to key stakeholders on CCG and provider side being redeployed to the COVID booster programme. A formal 3-month extension has been requested from the AAC
- Good progress has been made on the Buckinghamshire PCSK9i project. 60 secondary prevention patients have been reviewed to date with many receiving multiple reviews to move them through the lipid management pathway. Primary care patient reviews were due to start in Q3 but have been delayed until Q4 due to the booster programme pressure
- Engagement with our three ICS/CCGs regarding the introduction of Inclisiran into the AAC/NHSE lipid management pathway
- Collaboration and agreement of a shared regional approach to CVD with other South East AHSNs
- Trajectories achieved year to date for high intensity statins (HIST), ezetimibe and PCSK9i achieved for year to date (data to Oct 21 for HIST and ezetimibe; data to Nov 21 for PCSK9i)



Plans for Q4

- Support Frimley ICS in developing a bid for specialist pharmacist support for lipid optimisation
- Support BLMK with the launch of the Community Lipid Services
- Together with KSS and Wessex AHSN deliver a webinar series on lipid management, to include the introduction of bempedoic acid and Inclisiran into the pathway.
- Support the Inclisiran population health management programme across the AHSN region

AAC RUP PCSK9i programme is being delivered through two separate Pathway Transformation Projects which have been awarded funding from the AAC.

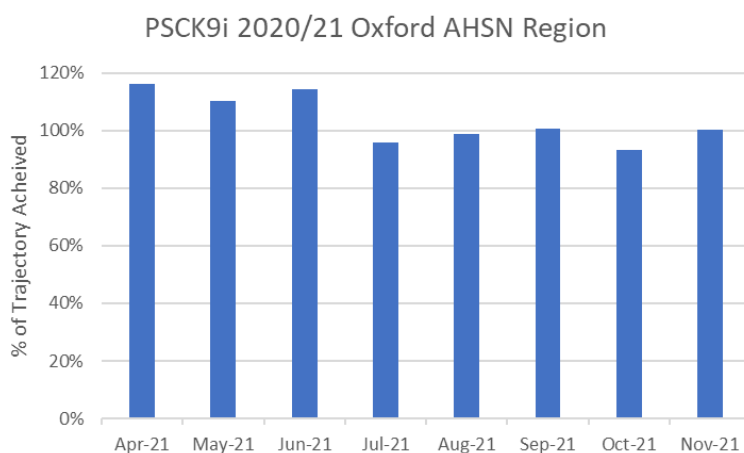
- **Buckinghamshire CCG**

- 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 several PCNs across Bucks
- Primary care work was again paused due to pressures caused by the pandemic and a lack of engagement
- Final evaluation report for NHSE in preparation, but project has now been extended to June 2022 due to the repeated delays caused by COVID

- **Royal Berkshire Hospital**

- Project has created a new cardiac pharmacist role to support secondary prevention around lipids for patients discharged from cardiology services
- 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.
- Pathway has been effective picking up 80 patients from cardiology in need of review and offering them at least 1 clinic appointment (with some receiving as many as 3).
- Clinics offer lifestyle, diet and exercise advice as well as medication review. Almost 40 patients have reached range with the remainder currently under the care of the lipid service.
- Increases noted in patients receiving bempedoic acid, and patients now being identified as eligible for Inclisiran (8 patients identified), and GPs notified.
- Final evaluation report planned for submission to NHSE by end of Jan 2022

As of Nov 2021, Oxford AHSN are achieving 100% of the trajectory target



Hypertension National Project

The AHSN network launched a BP (Blood Pressure) optimisation programme in Q3. The objectives of the programme are to improve blood pressure and broader cardiovascular disease risk management (especially lipid management) in people with hypertension.

This will be achieved through the implementation of the UCLP (University College London Partners) Proactive Care Framework for hypertension to optimise clinical care and self-management of people with hypertension, as well as supporting systems where local approaches and frameworks may already be in existence. The approach will include:

- Supporting PCNs to use risk stratification to prioritise which patients to see first
- Use of the wider workforce to support remote care and self-care
- Supporting patients to maximise the benefits of remote monitoring and virtual consultations where appropriate

AHSNs will also support PCNs to increase the detection of people with hypertension through case finding interventions and models that involve community pharmacists.

Progress in Q3

A project plan has been developed in conjunction with the CIWI team to set out how the AHSN will support ICS with implementing hypertension self-monitoring.

An evaluation of the digital tools available to support the hypertension self-monitoring pathway has been carried out and has been shared with BLMK CCG. This evaluation will be shared with Frimley and BOB ICS once the current COVID booster pressures have reduced.

The CIWI team worked with the CIA team to develop a BP optimisation framework to use within practices.

BLMK CCG and Frimley ICS have each signed up to be part of the wave 2 proactive care @home pilots. This encompasses the UCLP proactive care framework for hypertension and so is well aligned to the AHSN BP optimisation programme.

Plans for Q4

- Engagement at PCN level via place-based CVD leads
- Share digital solutions document with Frimley and BOB ICS and work with all ICSs to support implementation of digital solutions that may improve the pathway
- 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

Atrial Fibrillation

Progress in Q3:

- Implementation plan developed for BOB ISDN health inequalities project (currently on hold due to COVID booster pressures)
- Patient information and data sharing agreements developed for Omron-CardioSignal project (currently delayed due to COVID booster pressures)

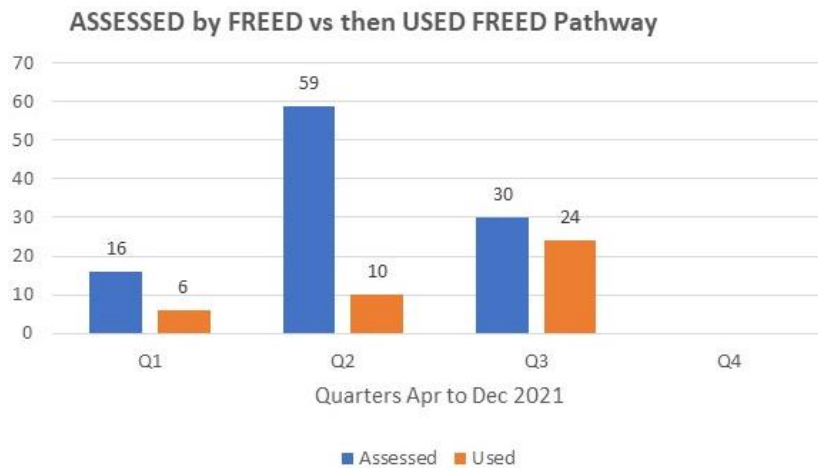
Plans for Q4:

- Launch Omron-CardioSignal project
- Implement BOB ISDN AF inequalities projects

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

FREED is an innovative, evidenced based, specialist care package for 16- to 25-year-olds with a first episode of an eating disorder of less than three years duration. FREED aims to overcome the barriers to early treatment and provides highly co-ordinated care, with a central focus on the reduction of an untreated disorder.

Recently the definition of what constitutes a “full” FREED service has been refined and tightened. This will prevent Buckinghamshire being a “full” service until Oxfordshire adopt the model, as all teams within a Trust need to have adopted FREED under these new definitions.



Progress in Q3:

- “Soft” launch of FREED service in Buckinghamshire (12 assessments and 10 onto FREED pathway).
- Berkshire assessed 18 patients, with 14 joining the FREED pathway.
- Explores the potential for adopting SHaRON in the Buckinghamshire Eating Disorder Service, although it was agreed that this would not be practicable in current climate.
- HSJ article on FREED progress nationally.

Plans for Q4:

- Meet with leadership of Oxfordshire Eating Disorders Service to explore the practicalities of implementing FREED within the service.
- Recruit a new FREED Champion for Buckinghamshire following current Champion's departure on maternity leave.
- Recruiting further staff for Buckinghamshire FREED Team by 31 March and engagement of B-Eat to deliver Guided Self-Help locally.
- Community Mental Health Transformation colleagues within Oxford Health NHS Foundation Trust hope to establish connections with GP surgeries in High Wycombe and Marlow PCN areas, through which FREED may be offered in the community, potentially using a similar model to that deployed in Cambridge and Peterborough. Further engagement with AHSN colleagues from East of England Region to be established to explore this model.

NHSX-AAC Artificial Intelligence in Health and Care Award – Evaluating Brainomix AI Stroke Imaging Technology

A productive quarter with great engagement from participating sites given the demands on services.

Attended a Brainomix away day with NHSX and all participating ISDNs to share evaluation update, gain insights into adopting sites' experience of the technology and to build further engagement with the ISDN leads.

Progress in Q3

- End of Phase report that covers baselining and initial findings written and submitted to AAC/NHSX.
- Patient level SSNAP Data Access Request has been submitted to HQIP and support has been requested from the National Clinical Lead for Stroke (GIRFT) for NHSE and the National Digital Lead, to expediate the process.
- We have begun the construction of a new SQL database to store and process SSNAP data.

Plans for Q4

- To increase the depth of findings, further qualitative interviews planned with neuroradiologists, and stroke nurses.
- Workshop being held during February with the Working Group to discuss the initial findings, start QI activities and to confirm next phase of evaluation (i.e., focus on accuracy and safety).
- Progress patient-level SSNAP data access request.
- Complete SQL Database.
- Focus on delivering accuracy and safety evaluation.
- Start clustering sites based on profiles for QI/optimising pathways.

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 Q3

National Delivery

Moved in to the “Delivery” stage in the previous Quarter, the CIA Team continued to provide support to the AHSN Network in the initiation and deployment of their local improvement plans through attended steering group meetings with some PTF sites. Arranged one-to-one meetings with each individual AHSN lead to ensure ongoing active engagement with the local systems and raising awareness of available resources to support implementation and timely delivery of the local initiatives.

Creation of an early identification sub-group and its first meeting took place in the current quarter with strong engagement with many AHSN leads in advanced discussions with sites planning to implement SPECTRA tool.



Overview of AHSN-led activity

The CIA Team developed and launched one of the key resources for the programme in the current Q3 **Asthma Biologics Digital Toolkit** - a diverse suite of public-facing online tools and resources for clinicians, AHSN leads and patients.

The digital toolkit brings together all the outputs of the Asthma Biologics Programme.

A series of **SPECTRA webinars** were launched, to support early identification in primary care. 86 participants attended the first webinar in November 2021.

Further progress was made on workstream focussing on Healthcare Professional Training - **Educational Package** to support primary care and Launch of Podcast 1 and a poster – The HASTE tool; hosted and promoted on GP PULSE¹⁸ platform. The outline, content and scheduled for two e-learning modules, three webinars and the second podcast agreed and planned.

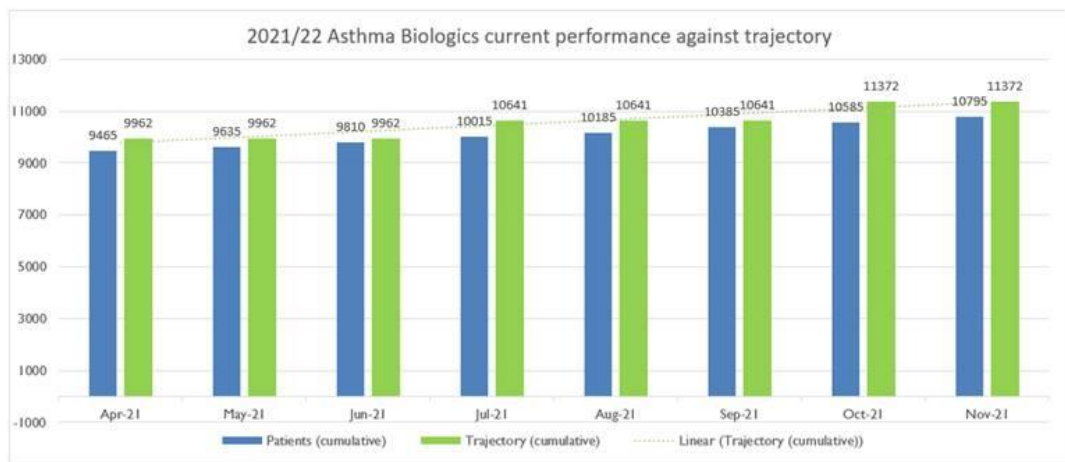
¹⁸ <https://www.pulsetoday.co.uk/>

Launch of the **NHS Business Service Authority (NHSBSA) Respiratory Dashboard and new Oral Corticosteroid Metric**. The CIA team and Guy's and St Thomas' NHS Foundation Trust have worked with the NHSBSA to develop a new metric to help identify patients that are being prescribed quantities of prednisolone which might constitute a health risk. The launch was supported by a series of webinars to assist users in the use of the new High Volume Prednisolone Respiratory comparator.

Presented work at various national meetings:

- The Pharmacy Show and AHSN Medicine Optimisation leads meeting @ NEC, Birmingham
- The Respiratory Professional Care (two days event) @ NEC, Birmingham
- Presquipp webinar Asthma Biologics and FeNO
- International Benchmarking Workshops on Canada, Belgium, and Germany

Currently actuals have tracked planned trajectory. As of November '21, month 8, the Asthma Biologics RUP has achieved 97% of YTD trajectory and is currently on track to deliver 95.4% (up from 94% from month 6, September '21, data) of the trajectory by March '22. Impact of AAC/AHSN Network activity to be realised in Q3 and Q4 2022/23.



The CIA team has agreed with AAC transitioning planning for Year 2 delivery.

Oxford AHSN Regional Delivery

- The Oxford AHSN team continued to work with partner organisation Oxford University Hospitals NHS FT on the initiation and delivery of the stage 1 milestones for Integrated Severe Asthma Collaborative (ISAC) PTF Project across BOB ICS.
- Focus was on establishing and resolving the Information Governance (IG) requirements and logistical arrangements for the newly deployed ISAC project team across BOB ICS.
- 9 PCNs across BOB ICS have been defined to approach for pilot and a letter expression of interest has been sent out to PCNs Clinical Directors.
- Work began on understanding potential outcomes and metrics for data collection to enable to evaluate the impact of pioneering approaches.

Plans for Q4

National Delivery

- The next quarter the AHSN Network will continue the delivery of local improvement plans (PTF and non-PTF delivery)
- Further collaborations via theme focused sub-groups to review progress and discuss educational materials
- To deliver second SPECTRA webinar planned in January 2022
- Further progress is planned on workstream focussing on Healthcare Professional Training - Educational Package and Launch of 2 e-learning modules, 3 webinars and the second podcast through Q4
- Launch of AAC Consensus Pathway for Uncontrolled and Severe Asthma Consultation
- Setting up trajectories for Year 2 delivery

Oxford AHSN Regional Delivery

- Recruitment to the remaining roles (Integrated Asthma Nurse and Integrated Asthma Care Coordinator) is underway for this project
- Recruitment of 9 PCN sites for pilot across BOB ICS and on-boarding with the first 3 PCNs' practices in Oxfordshire
- Planning for Stage 2 – Pathway and Protocol Development and Piloting

Rapid Uptake Products 2021/22

Fractional Exhaled Nitric Oxide breath analyser (FeNO)

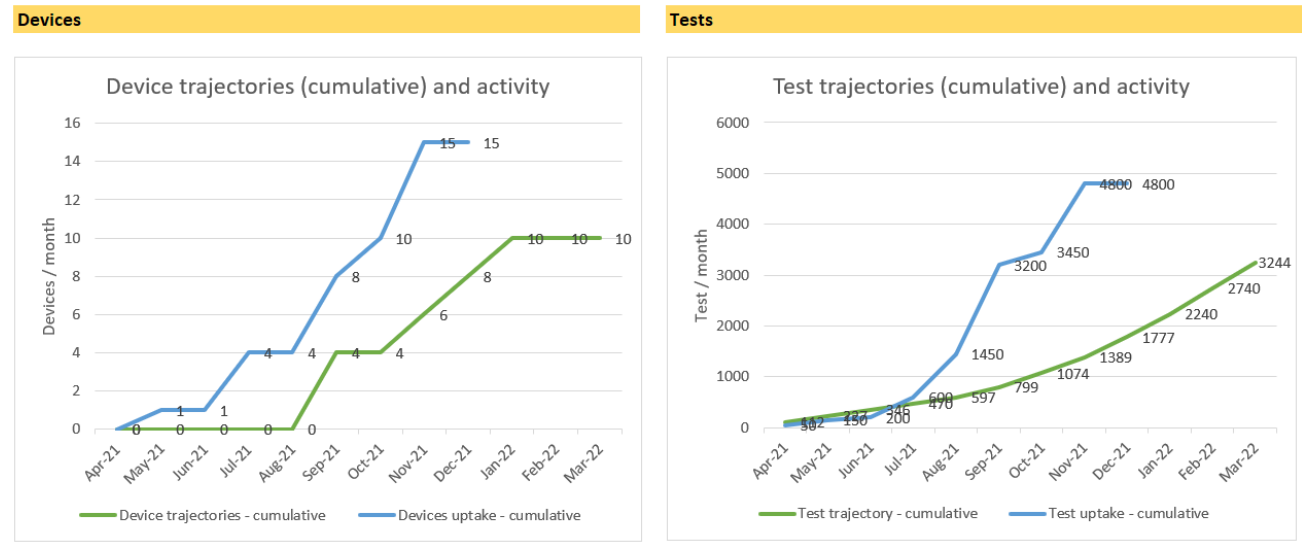
Progress in Q3

We continue to work with our PCNs which are now in the process of embedding FeNO into their asthma diagnosis and management pathways. We have achieved our annual targets for both 'Devices' (FeNO monitors) and 'Tests' (mouthpieces).

The second National Learning Collaborative, scheduled for December, was postponed due to the increased pressures in primary care caused by the third wave of Covid.

An issue to note is that practices are finding it difficult to organise the sharing of the monitor between multiple sites. The monitors are shared on a 'one-week per month' rotation but it is difficult to predict patient demand and can result in long waiting times. A potential solution would be to have an HCA at one practice doing all the tests for the whole PCN, but this has complications due to IT (i.e., accessing shared appointment books) and finances (ensuring each practice covers their proportional costs of the HCA).

Progress against trajectories. In Q3 our monitor total was 15, and mouthpiece total was 4800 (end of year targets are 10 and 3555 respectively).



Plan for Q4

The second National Learning Collaborative has been deferred and will be now held on March 15th and PCN staff are keen to participate. A recording will be made available for those unable to attend and learning will be cascaded internally. 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 Q3

- Risk – additional pressure caused by the third wave of Covid cases is having an impact on the asthma diagnosis and management pathway.
- Issue – difficulty in organising sharing of the monitor between GP practices.

MedTech Funding Mandate (MTFM) 2022/23

Benign Prostatic Enlargement (BPE): Patient Information Videos

The MFTM policy aims to accelerate the uptake of selected innovative medical devices, diagnostics and digital products to patients faster. In the 2022/23 policy, four technologies that treat Benign Prostatic Enlargement (BPE), or enlarged prostate, have been selected.

The CIA team is working with two Consultant Urological Surgeons at OUH to develop a suite of 11 short patient information videos to support the BPE patient pathway, covering anatomy, symptoms, lifestyle changes, medication and surgical treatment options. This work was funded by NHSE in 2020, but work has been delayed due to the pandemic. Work recommenced on this during 2021 and is very timely as it will be used as a resource for the MTFM policy.

Q3 update

The first video has been created and work on creating the second commenced. Patient partner feedback was gathered on the second storyboard and subsequently amendments have been made.

The team met with AAC AHSN Director and lead AHSN (Health Innovation Manchester) to discuss videos as a resource for the MTFM policy.

Plan for Q4

- Final sign off to be received on second storyboard and video created
- Continue to seek patient partner feedback on storyboards prior to videos being created
- Regular meetings with Health Innovation Manchester to ensure this work is incorporated and aligned with the MTFM work.

South East 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 and was one of the three initiatives, selected for rollout across the Southeast.

Progress in Q3

Free of charge access to Sleepio was withdrawn on 31 December 2021 as anticipated. Discussions with BOB ICS to explore the potential for commissioning for the geography are being explored, particularly given potential underspend.

Plans for Q4

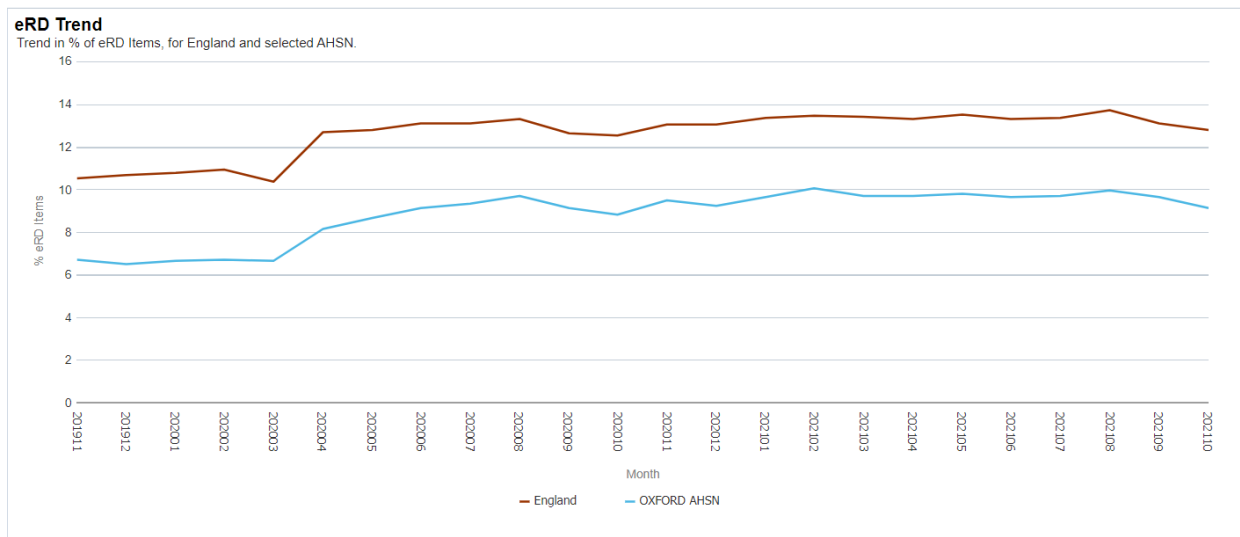
- Support colleagues from other AHSN areas (KSS) who are looking at potentially making a case around Workforce and support for staff within the NHS. Report to be reviewed in February 2022.
- The Oxford AHSN is continuing to support the NICE review of Sleepio, including sharing the data from the Thames Valley project in support of this work.

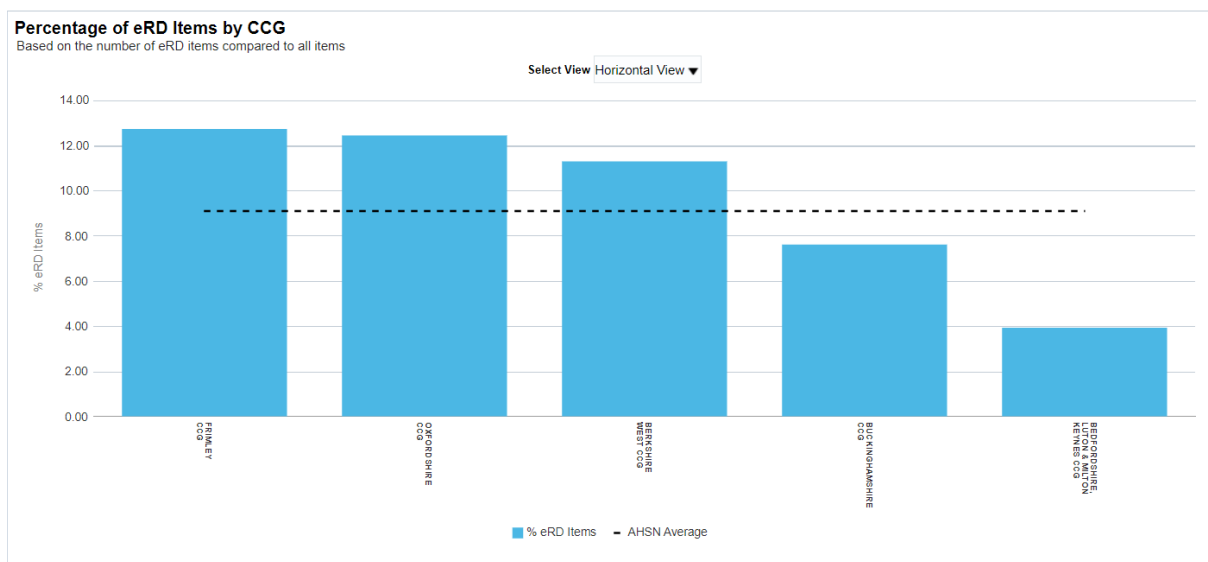
Electronic Repeat Dispensing (eRD)

As part of the primary care response to the Covid-19, NHS England, and NHS Improvement (Mar 20) recommended converting all suitable patients onto eRD when their next repeat prescription was issued to reduce ongoing workload and footfall. In December 2020, eRD was selected to be continued as a workforce programme for the southern AHSNs.

Progress in Q3

- The bulk of the work to convert patients to eRD was being carried out by Primary Care Network pharmacists, however this workforce is now supporting the vaccination programme. The initial rapid increase at the beginning of the Covid period has slowed and patients are dropping off eRD after the initial authorisation period. Although mentioned in the national overprescribing review, the lack of contractual levers for eRD lowers the organisational priority and focus. This challenge has been fed back to the South East Regional Medicines Optimisation Committee
- eRD uptake for Oxford AHSN in Mar 20 was 8.17% compared to 10.36% across England. This has risen, was 9.13% compared to 12.81% at Oct 21, eRD uptake for Oxford AHSN, across England (Figure 5). This is lower than previously reported (Jul 21) where the rates were 9.69% for Oxford AHSN and 13.37% across England.
- There is variation in uptake across CCGs in the Oxford AHSN region ranging from 12.74% for Frimley CCG to 3.91% for Bedfordshire, Luton, and Milton Keynes CCG.
- As of Sep 21, from Apr 20 (baseline), **22,235** additional patients are benefiting from eRD (table below)





Local impact metrics

Impact	Metric	Comments	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22 (To Oct 21)
1	Number of staff trained	Cumulative	53	53	53	53
2	GP Practice time released (hrs)	Additional eRD items x 16 secs	4,545	6,554	8,443	8,968
3	Percentage of GP Practices	Cumulative	TBC	TBC	TBC	TBC
4	Patient benefit	Number of patients	13,611	21,541	22,235	TBC
5	Items prescribed	Actual monthly increase in eRD items compared to baseline.	1,048,250	1,511,606	1,947,239	2,068,191

*Data from NHS Business Services Authority EPACT2 to Oct 21

Plans for Q4

- To continue to provide support as required for system leads to improve eRD uptake to the end of the financial year (21/22)
- To continue to attend the South East AHSN eRD workforce meetings

DEVELOP

Bone Health

This project is a collaboration between the University of Oxford, PRIMIS and the Oxford AHSN. The project is working 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 has developed a case-finding tool to ensure high-risk patients are identified and managed in accordance with NICE guidelines and optimised on treatment, thereby reducing the risk of further fragility fractures.

Progress in Q3

Following the launch of the project with the participating GP practices at the end of Q2, the practices downloaded the case finding tool and ran the first baseline report. The project team scrutinised the findings to ensure that all appropriate patients were being identified.

Practices were asked to follow-up patients identified in the report prior to a webinar in November to discuss the findings. At the webinar practices provided feedback on installing and using the case-finding tool, as well as suggestions for improving the reporting template. An overview of QI methodology and example case studies were provided at the webinar, along with the opportunity for practices to ask the clinical champion any clinical questions.

Subsequently the improvement suggestions have been incorporated into the template, and the updated version is to be shared with the practices in early Q4.

Plans for Q4

- Circulate updated reporting template to participating practices
- Practices to run second report
- A webinar is to be scheduled in February to discuss results with practices.

Elastomeric Devices

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 Q3

Oxford AHSN and OUH attended the Thames Valley Chief Pharmacists' meeting in October and gave a brief presentation of the work undertaken at OUH.

OUH ambulatory care lead pharmacist presented the work alongside Oxford AHSN at the ministerial visit in December 2021, which was very well received.

Plans to develop a structured project across the region and more widely have been discussed and will be progressed further in Q4.

Successful request to HEE for funding to support training requirements for this programme was successful and will support elective recovery.

Plans for Q4

- Publication of NHS Supply Chain case study early in Q4.
- Finalise regional project plans.
- With support from HEE, work out training needs and plan webinars to support other trusts wishing to implement the elastomeric device.

Oxford AHSN Region

Polypharmacy

Polypharmacy 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 review¹⁹ addresses some of the causes of inappropriate polypharmacy and sets out a series of practical and cultural changes that need to be made across systems.

The local polypharmacy project includes:

- Adoption and spread of polypharmacy action learning sets
- Contribution to an Applied Research Collaborative (ARC) led study to optimise structured medication reviews (OSCAR study)
- Support for local initiatives to improve the use of opioid medication

Polypharmacy is to become a national programme that will be delivered by AHSNs.

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 issues surrounding stopping inappropriate medicines safely and help PCNs deliver the medicines optimisation elements of the GP contract. The action learning sets are delivered as three half-day sessions.

To date, two sets of polypharmacy action learning sets have been delivered across Thames Valley. Participants included GPs, Pharmacists and Paramedics. 45 participants attended the first set (20/21) and 22 the second set (21/22) which was delivered on-line. Funding is available to deliver additional on-line sessions during 22/23.

Support a study to evaluate structured medication reviews

Oxford AHSN has partnered with the ARC on a bid to carry out a real-time observational cohort study with integrated qualitative evaluation on optimising structured medication reviews (OSCAR study). The study aims to evaluate how national policy is impacting on the care of those with complex multimorbidity (4+ conditions). Notification was received in Mar 21 that the bid 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 report²⁰ produced by

¹⁹ [National overprescribing review report](#)

²⁰ [Dependence and withdrawal associated with some prescribed medicines: An evidence review](#)

Public Health England 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 programme of work. This is being led by the Oxford AHSN Patient Safety team supported by the Clinical Innovation Adoption (CIA) team.

Progress in Q3

- The protocol for the OSCAR study continued to be worked up and is nearly complete. Primary care engagement was planned, and a primary care network pharmacist was introduced for the steering group
- Oxford AHSN contributed to a joint AHSN meeting to work-up a national polypharmacy programme
- Re-draft was produced of the artificial intelligence to improve the use of opioids review. This is being reviewed by the second author
- Initial meetings were held with Frimley Integrated Care System (ICS) medicines safety pharmacist and, separately with Oxford University Hospitals (OUH) pharmacists to plan opioid initiatives to prioritise and include in local medicines safety programmes
- Work continued with SE AHSN leads to share and develop opioid initiatives regionally
- With the patient safety lead, planning started to signpost to national and local opioid initiatives on the Oxford AHSN website

Plans for Q4

- To promote the next set of polypharmacy action learning sets across Thames Valley once dates have been set
- To publish national and local opioid initiatives on the Oxford AHSN website
- To continue to work on the artificial intelligence to improve the use of opioids review
- Once national opioid comparators are available (Feb 22) to produce a report of benchmarked data for local systems to enable planning and measurement of improvement projects
- To hold a second meeting with OUH pharmacists to plan local opioid initiative

Aseptic transformation support – PROJECT COMPLETED

The Oxford AHSN was approached by the Meds Optimisation (MO) Network to support stakeholders to conduct a review of aseptic services and ready-to-administer medicine. The purpose was to identify future operating models over the next 12 months. 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 Southeast.

Activity included desk-based research, interviews with pioneering stakeholders in this space, facilitating a stakeholder workshop and creating a report of findings.

Progress in Q3

- 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

Oxford AHSN has developed a toolkit to support ICSs/PCNs/AHSNs to deliver medicines optimisation projects for heart failure.

Progress in Q3

- Toolkit and business case for spread and adoption shared with National Clinical Director for CVD prevention and Regional Medical Director
- Launch plans discussed with Novartis. Agreed to launch in Q4 once COVID booster pressures have subsided.

Plans for Q4

- Present toolkit and business case at South East Regional Medicines Optimisation Committee
- Formally launch the toolkit

Heart failure inequalities workstream

Heart failure outcomes are disproportionately worse in areas of high health inequalities. Oxford AHSN is working on two projects that aim to address this issue within the BOB ICS.

1) Intensive support for 16 practices in areas of deprivation to assist with early identification of patients with heart failure (Joint Working Agreement with Astra Zeneca)

2) An ICS wide programme to improve early diagnosis and improve management of heart failure

Progress in 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
- Both programmes were paused in Q3 due to COVID booster pressures

Plans for Q4

- Work with BOB ICS to re-engage stakeholders in both projects following un-pausing.

OTHER

The Adopting Innovation and Managing Change in Healthcare Settings programme

Progress in Q3

Cohort 11, module one, and cohort 10, module two, both commenced in September 2021. The programme remains to be delivered online.

Throughout module one, students from cohort 11 were supported to formulate their respective change project proposals considering current climate and state of the regional healthcare setting. Several projects directly address current issues such as mitigating the effects of Covid19 pandemic in their respective settings. These change projects were presented during the poster day in December which was attended by members of the Oxford AHSN. Similarly, cohort 10 in module 2 presented their refined change projects during their respective poster day.

The make-up of both cohorts follows previous trend where in students come from different health care sectors and coming from varying health groups, such as from Allied Health Professionals and the nursing group.

The programme is being evaluated and this in progress. An interim evaluation report is expected to be available in the next quarter.

Health Education England South East agreed to fund a further cohort. This cohort will be targeted towards Allied Health Professionals and the geographical remit will be extended to the whole South East including neighbouring AHSNs, Wessex and KSS. The cohort will start in March 2022 and advertisement for this cohort is in progress.

Plans for Q4

- 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 (ARC OxTV²¹) started in October 2019 and runs for five years to September 2024. 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.

²¹ [ARC OxTV](#)

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

Progress in Q3 (focus on ARC/AHSN collaboration)

- AHSN & ARC successful in securing funding of £271,000 for the joint AHSN/ARC NHS Insights Prioritisation Project (NIPP). The project will evaluate the different models for transient ischaemic attack (TIA) clinics (face to face, virtual or hybrid). Understanding patient and health care professional experience of these different models will be a key, along with understanding the impact on health inequalities and environmental sustainability. The project started in November 2021 and will finish in March 2023. The main deliverable is the development of a rapid insights guide for use by Integrated Care Systems (ICSs) and specific to this project the five Integrated Stroke Delivery Networks (ISDNs) in the South East region. Further information is available on the AHSN website²²
- ARC contributed to the AHSN NHSE visit (December 2021). Shared how the research on blood pressure self-monitoring and self-management (Theme 2) has supported the system work on cardiovascular disease (CVD).
- ARC/ AHSN Implementation Oversight meeting (October 2021). ARC projects are now RAG rated both for project progress and progress with dissemination, implementation, and impact. Red rated projects will be discussed at ARC Strategy Board to identify what support can be provided. Currently the AHSN are integrated with three themes (2, 5 and 6) and responsive to requests from the other three. This is due to either the current stage of the projects or the projects are not for AHSN implementation support. However, there may still be opportunities for the AHSN to offer guidance, alongside working with the ARC Implementation Manager.

²² <https://www.ahsnnetwork.com/rapid-insights-to-support-post-pandemic-priorities>

Plans for Q4

- Attend joint ARC/AHSN Winter meeting. Purpose to explore how to deepen the collaboration between ARCs and AHSNs to maximise impact. Each ARC/AHSN to provide impact case studies along with collaboration statement.
- Focus on confirming scope, workstreams, timelines and methodology for NIPP project, working with colleagues from both the AHSN and ARC.
- National ARC Implementation Leads meeting (February 2022)
- ARC funding four places (two places for ARC and two for AHSN) on a Real-World Evaluation course hosted by University of Sheffield. This is through funding received by the ARC to support work aligned with the NHS Beneficial Changes Network Programme, including capacity development.

New risks/ issues identified in Q3

- None

International Activities

European Market Access for Partners (eMaps)

eMaps²³ 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 Q3

- Work is in progress in developing the USA module.

Plans for Q4

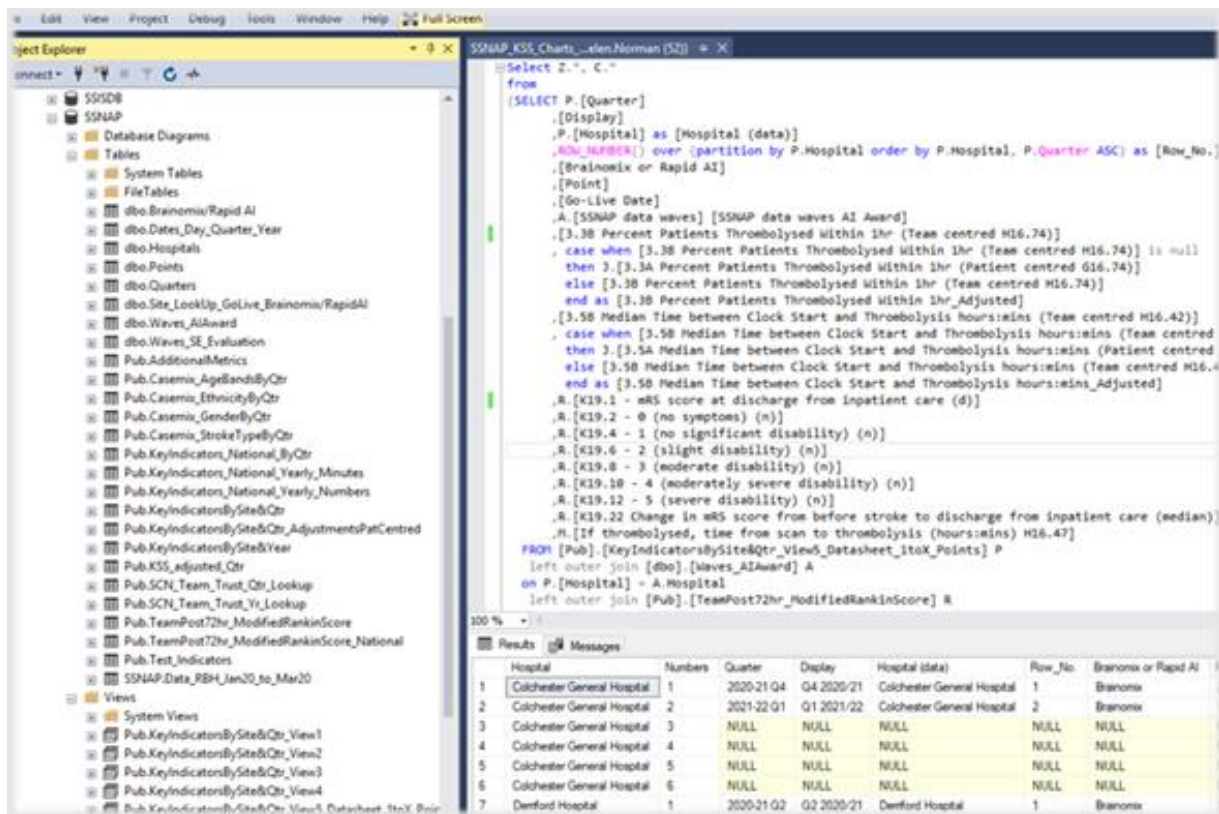
- Attract traffic to the platform to increase profile of USA module.

²³ [eMaps](#)

Informatics - SSNAP SQL Database

We created an SQL database to store, organise and query the Publicly Available SSNAP data (see image below) for the NHSX AI Brainomix Evaluation work. This database consists of several tables, views, and queries and contains quarterly data from 2019 onwards for many of the key indicators. The database is being developed further to allow for greater analysis of the data.

The query below has been written to show quarterly activity before and after the Brainomix go-live dates for the individual trusts, allowing us to graph this to see trends in activity following its implementation, enabling others to gain meaningful insights from the data.



The screenshot shows the SQL Server Enterprise Edition interface. On the left, the Object Explorer displays the SSNAP database structure, including tables like 'dbo.BranomixRapidAI' and 'dbo.Waves_AIAward', and views like 'Pub.KeyIndicatorsBySite&Qtr'. The main window shows a T-SQL query in the Query Editor. The query is a complex SELECT statement with multiple joins and conditional logic. The Results pane at the bottom shows the output of the query, which is a table with 7 rows and 7 columns: Hospital, Numbers, Quarter, Display, Hospital (date), Row_No, and Branomix or Rapid AI. The first two rows show data for Colchester General Hospital, and the last row shows data for Dersford Hospital.

Hospital	Numbers	Quarter	Display	Hospital (date)	Row_No	Branomix or Rapid AI
Colchester General Hospital	1	2020-21 Q4	Q4 2020/21	Colchester General Hospital	1	Branomix
Colchester General Hospital	2	2021-22 Q1	Q1 2021/22	Colchester General Hospital	2	Branomix
Colchester General Hospital	3	NULL	NULL	NULL	NULL	NULL
Colchester General Hospital	4	NULL	NULL	NULL	NULL	NULL
Colchester General Hospital	5	NULL	NULL	NULL	NULL	NULL
Colchester General Hospital	6	NULL	NULL	NULL	NULL	NULL
Dersford Hospital	1	2020-21 Q2	Q2 2020/21	Dersford Hospital	1	Branomix

Whilst the Publicly Available data is serving our current purposes, we wish to obtain a richer dataset that will allow for more in-depth analysis of the data, allowing us to see the effects of other variables on certain metrics. The analysis that we can do with the publicly available data is limited, as it is aggregated data provided in standalone tables. We have been in the process of trying to procure row level, de-identified data through HQIP. This has involved a lengthy application process to obtain data that is fit for our requirements. Once received, we will be creating another database which will allow for greater insights to be gained from the data, allowing us to see good or poorly performing areas. We will be able to set up other users to access this database and run queries, as and when is necessary. We hope to receive quarterly updates which can then be uploaded into the database through a data warehouse procedure, thus allowing us to hold large, meaningful, and up-to-date datasets which can be easily interrogated, and which can answer the questions that we wish to ask.

Strategic and Industry Partnerships (SIP)

Industry support: During Q3, Oxford AHSN continued to chair the Health Tech Connect Innovator portal AHSN review function. Health Tech Connect is a secure, online database of devices, diagnostics, and digital health technologies 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 Health Tech Connect platform will be replaced by the NHS Innovation Service in 2022. Closed beta testing of the new platform with AHSNs and other contributing organisations continued until end of December 2021. The number of companies supported under Core Function 2 (September to December) was 65 companies.

Accelerator programme: 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 sought solutions to address six core clinical themes: mental health, respiratory, maternity/neo-natal, cardiovascular disease, and cancer.

During Q3 the Oxford AHSN team delivered the invitation-only final eight-week programme comprising six start-up companies: Bedqueue, Celera Dynamics, Gate2Brain, Oxomics Ltd, RCube Health, and Neobe Therapeutics. Roche Diagnostics, Oxford Science Enterprises, Mathys & Squire LLP, and seasoned industry figures advised and mentored those finalists looking for external assistance. Sian Rees from the CIWI team provided an interactive workshop on engaging patients and the public in early-stage innovation for health and life sciences to the finalists.

Oxford University spin-out Oxomics Ltd, a next-generation liquid biopsy cancer diagnostics company, mentored by Roche Diagnostics, won the top prize - impressing the wide panel of judges with their technology, their development through the programme, and their potential for impact and growth in the health and life sciences field.

Sustainability programme: During Q3, the team prepared for the next Learning event scheduled for February 2022, the third in a series of webinars hosted by the AHSN Network, specifically focussed on reducing the carbon impact of asthma inhalers, covering NHS policy on inhaler use and an overview of the Sentinel Programme which aims to reduce the over-use of short-acting inhalers, reducing the carbon footprint of inhaler prescribing in Primary Care and Pharmacy inhaler recycling schemes. 250 people are already registered for the next event.

A meeting was held with Chiesi Pharmaceuticals to discuss their pilot asthma inhaler recycling scheme.

During Q3 there was regular engagement on environmental sustainability at a South East regional level looking at the regional priority areas: remote consultations, and digital solutions and working with ICSs. Work continued with the National PPE team and the National PPE Innovation and Sustainability team on reusable PPE. The team worked with Royal Berkshire Hospital NHS Foundation Trust to review the Green Plan and to make recommendations and suggestions.

An introductory meeting was held with National Wound Care Strategy Programme about the environmental impact of the programme and a meeting held with Smith & Nephew to discuss potential joint working on the National Wound Care Strategy Programme.

Portfolio and pipeline process: The series of stakeholder workshops led by Channel 3 Consulting was completed in Q3. The recommendation to base Oxford AHSN's Portfolio and Pipeline Management Process (PPMP) on the Salesforce software platform was approved by the senior leadership team. The project has now progressed to full business case development, which includes discussion with Salesforce about how best they can serve and support the ambitions of the Oxford AHSN.

2022/2023 MTFM programme: The scope of the 2022/23 MTFM programme has been confirmed by the Accelerated Access Collaborative (AAC). The new technologies meeting the criteria for inclusion in the MTFM 2022/23 policy are categorised into three themes, which will be delivered by the AHSN network in addition to the current MTFM products:

- Surgical innovation (Benign prostatic hyperplasia)
- Improving the patient experience during procedures
- Specialised treatments

The 22/23 MTFM programme officially goes "live" in April 2022, however during Q3 activities have been initiated to identify and engage with both local commissioner and provider stakeholders to appraise them of the scope of the new programme. Once spread and adoption packages are available from the lead AHSNs, current adoption baselining and needs assessment will be undertaken to prioritise those Trusts and services where adoption activity for the new MTFM products is required.

CARDIOVASCULAR DISEASE

During Q3, the team wrote a journal paper entitled "Results from an early economic evaluation of the use of a novel point of care device for diagnosis of suspected acute coronary syndrome patient within the emergency department in the National Health Service in England" for consideration by Cardiology and Cardiovascular Medicine. The paper reports on an early-stage economic evaluation to analyse the potential costs and benefits associated with adopting a high sensitivity troponin (hs-cTn) test at the Point of Care (POC) in the emergency department diagnostic pathway for suspected Acute Myocardial Infarction (AMI) patients in line with National Institute for Health and Care Excellence Diagnostics Guidance (DG15) and NICE Clinical Guideline (CG95) as practised in the NHS in England. It follows an earlier feasibility study which found an unmet need for hs-cTn biomarker tests for use at the POC in emergency department (ED) within the NHS. The manuscript was published in *Cardiology and Cardiovascular Medicine* 5(2021): 623-637.

Discover: FatHealth. FatHealth detects fat tissue inflammation using new artificial intelligence (AI) techniques applied to routine computed tomography (CT) scans. FatHealth 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, this quarter the team has produced the documents needed to conduct a feasibility study and collect clinical stakeholder opinions of the technology, the potential utility of the technology and any identify potential barriers to adoption.

Discover: AffeX-CT. Afferent have created a product named AffeX-CT which provides an innovative solution to treat drug resistant hypertension. AffeX-CT is a handheld device, which works by sending simulations through the tragus nerves in the ear to help stimulate and enhance parasympathetic tone to help offset increase in sympathetic tone and reduce blood pressure. This will in turn help reduce morbidity from blood pressure and the incidence of stroke, organ damage and cardiovascular disease relating to hypertension. Small scale proof of concept studies has shown AffeX-CT considerably decreases blood pressure in treatment resistant patients. In Q3, the team started working on developing a feasibility study to collect clinical stakeholder opinions of the technology, the potential utility of the technology, assess clinical value of the product and identify any potential barriers to adoption.

Develop: Echo Go 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 clinical study (PROTEUS) will provide the clinical evidence for adoption of the EchoGo Platform across the NHS. Oxford AHSN will prepare a health economics model to analyse the impact of the AI engaged reporting on the stress echocardiogram based on the clinical data collected in primary and secondary outcomes. A health economic analysis plan has been submitted for the trial study for data collection. This quarter Ultromics has started recruiting patients for data collection from multiple sites across the UK. Ultromics aims to finish recruiting sites by October 2022, to finish recruiting the full 2500 participants by December 2022 and have the last participants follow-up visit in June 2023. Data analysis is due to start July 2023 with the aim to publish the clinical and economic evidence in September 2023.

Deploy: Heartflow (MedTech Funding Mandate (MTFM) project). HeartFlow is a non-invasive cardiac test for stable symptomatic patients with coronary heart disease and estimates fractional flow reserve from coronary CT angiography. waiting times for patients waiting for a procedure in the specialist cardiology procedure suite. The only Trust in the region still to adopt is Buckinghamshire Healthcare NHS Trust which is currently in the implementation stage. Oxford AHSN is acting as a facilitator and broker between the trust, CCG, and manufacturer to ensure that all the stakeholders are actively engaged in the implementation process.

RESPIRATORY

Discover: IMPACCT. The **Immune Profiling of ICU Patients** to address **Chronic Critical illness** and ensure **healThy ageing** (IMPACCT) project, funded by the European Institute of Innovation and Technology in Health (EIT-Health), aims at evaluating the usefulness of an innovative diagnostic test, the Immune Profile Panel (IPP), in stratifying critically ill patients who have sepsis. The IPP test, developed by the French diagnostics company bioMérieux, is an innovative RNA-based diagnostic device that could help Intensive Care Units (ICU) clinicians identify sepsis patients at increased risk of Health Care Acquired Infection (HAI) and/or mortality on the ICU. Oxford AHSN has been supporting the IMPACCT study by collecting views and insights about the usefulness of the IPP in the care pathway from 100 Health Care Professionals working in the ICU, as well as that of 50 payers involved in a range of commissioning roles, across three different countries: UK, France, and Sweden, by way of interviews and online surveys. A report collating the views from all the stakeholders was submitted to EIT-Health in Quarter 2. In Q3, the sepsis care pathway was mapped in 5 additional potential markets for the IPP namely The Netherlands, Switzerland, Germany, Greece, and Romania. In addition, an extensive literature search was conducted to identify potential innovative therapeutic strategies to improve the immune status of patients, that could be provided to those sepsis patients identified “at risk” by the IPP and improve their outcome. The next stage of this project will be a health economic evaluation based on the clinical trial protocol and preliminary trial data.

Discover: BreatheOX. “Albus Home” is 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. In Q3, the team carried out a stakeholder feasibility study engaging clinical stakeholders associated with the paediatric asthma care pathway to help identify barriers to adoption and any potential improvements of the device. A report is currently being prepared.

Develop: AstraZeneca 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 gathering the remaining patient and usage data as the live phase ends. Due to patient drop-out, the project timelines have been pushed out to by a quarter allow as much data as possible to be collected for analysis.

Deploy: Asthma Biologics. 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. SIP has been providing ongoing support to the CIA team who lead nationally on the RUP AAC/Asthma Biologics Programme. Q3 focused on the delivery of the remaining priority areas and support of the AHSNs’ leads in the initiation and delivery of improvement plans locally. There is ongoing active engagement with BOB ICS, the approach for pilot has been agreed for nine Primary Care Networks (PCNs) with a letter expression of interest sent out to Clinical Directors and on-boarding has started with three recruited PCNs in Oxfordshire.

MAT NEO

Deploy: Placental Growth Factor (PIGF)-based testing for women with suspected pre-eclampsia. (MTFM project). PIGF-based testing is a simple blood test intended to help clinical teams in cases of diagnostic uncertainty to rule out pre-eclampsia and to help keep women out of hospital. This project is led nationally by Oxford AHSN and saw widespread adoption during the Innovation Technology Payment (ITP) funding period (ended in March 2021). The dynamic of this project is now such that both manufacturers (Roche Diagnostics and Quidel Corporation) 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's involvement is focused on understanding the ongoing maintenance of use of the test and facilitation, signposting and issue resolution via the Accelerated Access Collaborative (AAC). Support was provided in the quarter to a round-table discussion involving multiple stakeholders organised by Wessex AHSN, which was aimed at sharing understanding about the MTFM policy and PIGF-based testing in general, and in identifying barriers to adoption in the Wessex region.

ELECTIVE RECOVERY

Develop: DORA. 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 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 NHS Foundation Trust. During Q3, data was being collected from the real-world evaluation, economic evaluation will take place in Q4.

Develop: NHSX Adoption Fund. The team together with Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS) led a successful collaborative bid for an NHSX Perioperative Adoption Fund grant to support innovation in the peri-operative care (before surgery) pathway to assist elective recovery. The programme is looking to implement four digital technologies in three hospitals in high volume low complexity pathways such as hip and knee and cataracts. The evaluation approach is one technology, one trust and one pathway. These four technologies have shown potential to transform the service delivery in perioperative pathways. The potential impact of this programme is i) reduction of administrative burden on staff ii) improvement in patient safety and experience iii) increase capacity. Our role within this consortium is to evaluate the implementation of each of the technologies to support pathway redesign across the ICS. In addition to managing the evaluation including the health economics, the team will disseminate case studies and contribute to NHSX shared learning forums. Based on the evaluation outcome, the plan is to spread the implementation across ICS providers. The primary clinical priorities for the ICS are cataracts and musculoskeletal pathways followed by ear, nose, and throat pathway where the waiting list and referral to treatments are longest.

During Q3, the team attended NHSX Per Peri-operative Adoption Fund launch webinar and presented an overview on the programme during the shared learning forum. The team also hosted kick off meetings in collaboration with the BOB ICS which was attended by key stakeholders in the system and regular meetings are now scheduled. Oxford AHSN are supporting each project team with the evaluation of their technology. We are also working with York Health Economics Consortium who will be conducting the health economic evaluation. At the end of Q3, a Highlight Report with milestones overview was completed and submitted to NHSX.

OTHER

Discover: NCIMI. The National Consortium of Intelligent Medical Imaging (NCIMI) is a network of NHS hospital trusts across the United Kingdom, world-leading clinicians, industry partners with expertise in medical imaging and Artificial Intelligence (AI) plus charity partners and patient groups. Perspectum Diagnostics is developing a post processing software and this project is one of exemplar projects supported by NCIMI. Perspectum is working on one of the new potential solutions, Product E, which is based on quantitative magnetic resonance images (MRI) and aims to provide clinicians with improved information to inform and support their decision-making. A feasibility study has already conducted to explore and assess the potential utility of Product E. The study reported that Product E was positively reviewed by the stakeholders and majority were of the view that it would have a place in the diagnostic pathway if it had good performance data. In Q3 the team started producing a hypothetical preliminary economic analysis to assess the impact and potential cost benefits of implementing Product E in the diagnostic pathway.

Develop: LiverMultiScan. Developed by Perspectum Diagnostics, LiverMultiScan is a CE-marked non-invasive imaging technology used as a diagnostic and monitoring aid for liver disorders. Liver conditions can go unnoticed as visible signs are only apparent when severe. Identifying liver conditions early can help patients to slow down progression and take remedial actions. Liver biopsies are seen to be the gold standard for determining liver pathology with histology, however, these are invasive and expensive procedures. Following from a feasibility study and economic evaluation for monitoring disease progression of autoimmune hepatitis (AIH) patients, the team investigated the level of use of LiverMultiScan across England, targeting institutions that have been exposed to the technology. The team investigated the use of the technology for varying liver pathologies and mapped out a potential implementation process. Customers were questioned about the way in which they used the LiverMultiScan in their setting, whether it was for research or for clinical use, and the potential future implications of using the technology. The implementation process, along with significant barriers and funding were explored. A report was then produced to highlight the implementation process and any barriers faced along the way, the way in which different settings used the product, and how this impacted on patient care.

Develop: ReLeaf Seated. Binding Sciences have created ReLeaf Seated, a product designed to aid those with urinary incontinence to urinate unaided and remain dry. It has been developed to help allow patients their independence, reduce falls, and provide more confidence for patients to improve their fluid intake, which to help lead to a reduction in dehydration induced UTIs. The team have previously conducted a barriers to adoption study to report on the acceptability, perceived usefulness, and potential barriers to adoption for ReLeaf Seated. In Q3, the team produced a hypothetical early-stage economic evaluation to examine its potential cost-effectiveness. The analysis indicated implementing ReLeaf Seated could decrease the number of falls related to UI aids and reduce skin rashes and lesions associated with prolonged use of absorbents, and potentially results in cost savings.

Additionally, this product may also help reduce the incidence of absorbents related UTIs and dehydration induced UTIs resulting in cost-saving in UI pathway. Furthermore, this can help increase patient independence, dignity and wellbeing leading to reduced carer burden. We have also produced a sustainability report looking at potential environmental benefits, due to the biodegradable materials used in the creation of this product. The report conclude that ReLeaf Seated can potentially help reduce the reliance on absorbents and the environmental impacts of absorbents. It can be disposed of via composting or anaerobic decomposition, reducing landfill, the impact of toxic fumes, global warming and the overall net environmental impact of traditional absorbents.

Deploy: SecurACath (MTFM project). SecurAcath is a subcutaneous, engineered stabilisation device to securely anchor peripherally inserted central-line catheters (PICC lines) without the need for sutures and with fewer complications. Milton Keynes University Hospital is the only site in the Oxford AHSN region yet to adopt SecurAcath. Bedfordshire, Luton and Milton Keynes commissioners are engaging with the stakeholders within the trust to start the implementation process although this process has recently been impacted by Covid pressures. The team is supporting these conversations and facilitating the discussion between stakeholders and the manufacturer.

Deploy: gammaCore (MTFM project). gammaCore is a self-administered, hand-held, non-invasive vagus nerve stimulation device for the treatment and prevention of cluster headache pain, used as an alternative to more costly injected medication. 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 implementation and have eligible patients but are currently referring patients to Oxford University Hospitals NHS Foundation Trust as they have not been able to implement a local pathway. Oxford AHSN are working with the trust and the manufacturer to progress discussions.

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 22 November 2021 which covered:

- a. A presentation from Nan Theodorou and her colleague Chris Cleaver on research, innovation, and development at Bucks Healthcare NHS Trust. Great strides had been made with the new Research and Innovation Centre shown in the very informative video. The range and extent of the Trust's R & D activity was considerable and impressive with an increasing focus on innovation.
- b. A key project was the introduction of Ufonia's DORA which is an interactive telephone tool for eye surgery patients' follow up remotely.
- c. An update from Professor Ford on the activities of both the AHSN and the AHSN Network, currently chaired by Prof Ford. Key points included:
 - Development of polypharmacy and long covid as possible national programmes
 - Change in model for Patient Safety Collaborative
 - Updated Governance model to be approved by AHSN Boards and hosts
 - Visit to Oxford AHSN by Tim Ferris and IRLS Team due in December
 - Continuing development of the ANHS Network Strategy to 2026 covering outcomes-led programmes, high impact national innovation pipeline and establishment of AHSNs as authoritative voice in spreading innovation to transform health. The strategy would be delivered through four workstreams.
 - Lord Kamall, Parliamentary Under-Secretary of State for Innovation visited the AHSN, and this visit had showcased Sleepio, Brainomix and the PIGF work across the AHSN.
 - The AHSN with the OAHP had supported the successful OUH-led bid for NHSX funding to lead the Oxford, Thames Valley and Surrey (including three ICSs) for one of four Trusted Research Environments.
- d. The Group noted that Professor Belinda Lennox had been succeeded as Director of the Thames Valley and South Midlands CRN by Professor Manu Vatish, Professor in Obstetrics. Belinda had succeeded Professor John Geddes as the Head of the University of Oxford Department of Psychiatry.
- e. The Group noted the appointment of Dr Vanessa Raymond as Director of R & D at Oxford Health. Oxford Brookes had appointed a new Research Governance Manager who would be an integral member of the developing Oxford Joint Research Office.
- f. The Group had agreed that relationships with the new ICSs due to come into being from 1 April 2022 would be important for the development of innovation and research.

The Group has planned a full series of meetings for 2022 commencing in March 2022. For updates about the collaboration between the Oxford and Thames Valley ARC and Oxford AHSN see the CIA report.

Community Involvement and Workforce Innovation (CIWI)

Community Involvement

Governance

An oversight committee that embraces both Community Involvement and Workforce Innovation has been developed to ensure collaborative work practices are maintained within the team and across the AHSN. The new oversight committee reinforces the cross-cutting work being done with the OHSAN programmes where the CIWI team sit on each programme oversight groups. CIWI meet regularly with each programme team to encourage sharing of best practice and discussion of how CIWI can assist their work on themes such as health inequalities and public involvement.

National Programmes

CVD

In Q2 we co-produced an animation to address adherence to lipid medication, this has now been reviewed and revised by both public partner and professional contributors. The content is in the process of being further developed to create leaflets and other resources for patients. We are developing a series of engagement events with seldom heard communities, targeting areas in which communities are particularly affected by lipid disorders.

We have developed a health inequalities evidence review for hypertension which has been used to support programme design and community involvement plans.

National Programmes – work with Oxford AHSN teams

Maternity

In conjunction with Involve and Eileen Dudley, we developed two workshops for SE Maternity Voice Partnerships (MVPs) and Parent Advisory Groups (PAGs) on engaging seldom heard groups to support MVPs work on health inequalities. This was the first time the OAHSN has worked directly with these groups. Across the two workshops we had representation from 13 of the 19 groups in the Southeast region. We are currently developing a proposal for future work with the MVPs and PAGs.

BP Optimisation

We have worked alongside Hannah Oatley (CIA) on the BP optimisation programme of work, by helping to develop an evaluation document and sense checking patient information materials. This work will continue as the NHS@home services develop their programmes of work.

Perioperative Care

We are working with Flora Gleave (SIP) on the perioperative care programme in providing a patient panel to evaluate the developing pathway and the programme at each stage of development.

Community of Practice Development

We have begun the process of establishing a Community of Practice (CoP) for coproduction and health inequalities across the BOB ICS. This will complement the Connectors programme, which in turn is part of the support framework for progressing the goals of Core20PLUS5, a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. This is being done in partnership with the on-line platform Hexitime which will provide a communications platform and means by which the CoP can be mapped and evaluated.

We have outlined a potential Community of Practice (CoP) for Understanding Patient Data which could be developed alongside the Thames Valley and Surrey Shared Care Record Partnership and the Understanding Patient Data initiative workshops which have been run across the ICS in 2021.

Training and Development

We ran our third and final workshop to develop public awareness and understanding of issues relating to sharing and using patient data in December. These workshops were run in conjunction with the Thames Valley and Surrey Shared Care Record Partnership and the Understanding Patient Data initiative, hosted by Wellcome. Each workshop was geographically focused and covered BOB, Surrey, and Milton Keynes. Across the three workshops we had 84 attendees, and as a result we have strengthened our links to patient groups across these regions, particularly in Milton Keynes where our connections were sparse.

We've also hosted three events with The Working Together Partnership. The first was an introductory webinar to PPI and 'how to get it right' which had 35 attendees. We then hosted an interactive workshop on how to write for a public audience which was attended by 41 people. This event was oversubscribed, and as such, we decided we will hold the workshop again in February which has already received a high take up. The focus of our annual webinar series is coproduction amongst health and care professionals and mental health service users and patients.

The Working Together Partnership decided to cover the following five mental health topics/conditions within the series: substance misuse, dementia, children & young people, suicide & self-harm, and autism. We delivered the first webinar in November and had 38 participants. The second webinar is on dementia and have received a record 148 registrations for this event. The series will run until the end of April, and a full report will be produced examining the key outputs, attendance figures and feedback.

Following interest on the subject of 'writing well' we developed an internal workshop for OAHSN colleagues, alongside Martin Leaver which took place during a Wednesday team call session. This workshop was attended by 30 colleagues.

Public Partner Recruitment

The AHSN continues to pioneer work around public involvement across all three work programmes with the aim of involving the public as early in the project development process as possible. Our ambition is for public involvement to happen at project scoping stage where this is feasible.

We are in the process of developing a coordinated approach to public involvement in the OAHSN by becoming the initial point of contact for all public involvement in programme activities. We have developed a standard operating procedure for public involvement, which describes the three levels of involvement with specific role descriptors for each level.

We have recruited equality partners who act as consultants for specific equality issues, (e.g., LGBTQ+, Sensory disabilities etc) and will continue this work as we identify other seldom heard groups. As the NHS moves towards more integrated working practices, we have begun the process of recruiting public partners who will act as two-way links for the AHSN into and from their local communities. The final part of this process is to identify a wider group of public partners who will become associates of the AHSN. We will be able to call on these public partners when we need them for specific projects such as focus groups or deliberative public panels.

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. This quarter we have co-designed a blood pressure optimisation evaluation proposal with CIA. This will facilitate work with primary care staff to redesign the pathway around optimising patient blood pressure in the community. A collaboration with SIP around an evaluation which commenced in December regarding staff perceptions around an innovation to streamline routine orthopaedic surgery.

Workforce across the BOB Integrated Care System (ICS)

We continue to support the BOB ICS on the enhanced occupational health and wellbeing evaluation. This links to staff retention which is the fourth theme in their people strategy. This evaluation continues to gain momentum, interviewing managers and staff. Touch point visits to Trusts were undertaken to ensure a wider and more diverse population of staff's thoughts were captured. This was undertaken using a creative visual approach, depicting staff's thoughts and concerns around their health and wellbeing.

Workforce across the South East

A report has been written capturing the views of senior leaders in the South East, around the utility of regional health and wellbeing resources during Covid-19. Three AHSNs (Kent Surrey Sussex; Wessex; Oxford) have collaborated on this report.

Workforce Nationally

Oxford AHSN continues to represent on both the National AHSN workforce steering group and operational groups. The operations group is working towards a defined set of workforce metrics which aim to collaboratively demonstrate impact for regional and national programmes.

Communications and Stakeholder Engagement

Through the autumn 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 Accelerator programme was delivered virtually for the second year and another cohort started our online practical innovators programme. We also hosted a number of wide-ranging webinars.

Elsewhere we started to see a cautious return to face-to-face meetings – locally, regionally, and nationally – although these were reined back in the face of the latest Covid wave.

We took part in regional and national online events and publications with partners in other AHSNs, the NHS, research, and industry.

We continued to develop an interactive digital brochure highlighting our key priorities.

We continue to update our website and ensure it is accessible to all users. The main and patient safety sites combined had around 7,000 page views per month.

We continued to invest in social media activities to help reach a wider audience. Our LinkedIn account passed 1,000 followers.

In December we hosted a series of virtual meetings with Matt Whitty, Director of Innovation, Research and Life Sciences at NHS England, and other partners which helped pushed engagements on our Twitter account (@OxfordAHSN) over 300,000 for the month with 3,000 profile visits.

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	The AHSN Network is fully engaged with our commissioners regarding the relicensing process.	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.	Med	Med	ongoing	Robust engagement plans in place. However, COVID-19 has slowed down delivery, with FREED and ADHD currently behind target delivery against 21/22 plan.	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. Internal EDI team are revising these pledges for 22/23. 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. Jointly funded post agreed with BLMK and Eastern AHSN. Exploring similar roles with BOB and Frimley.	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. Electronic Newsletter to stakeholders.</p> <p>Oxford AHSN organise and participation stakeholder events.</p> <p>Participation in ICS and STPs committee structures.</p> <p>Closer working with Regional NHS/I team and Wessex and KSS.</p> <p>Attendance at Regional Mental Health Board and regional medicines collaborative.</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 guidelines, 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. 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. Monthly Team Get Together online in place of an annual team Away Day. 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"> • Support from the Oxford AHSN helps digital innovators develop and roll out automated patient calls • Health checks at vaccine clinics • Pulse oximeters for vulnerable communities • Elastomeric devices supporting hospital at home • Environmental benefits of PIGF test • Collaboration develops environmentally friendly product addressing urinary incontinence • Oxford AHSN reaches first key milestone in major European partnership to improve outcomes for sepsis patients • Cardiovascular disease – update on workstreams and opportunities
2020/21	<ul style="list-style-type: none"> • Rapid national roll-out of home-based safety net benefits thousands of patients with COVID-19 • Two-thirds of maternity units in England adopt test to rule out pre-eclampsia following roll-out led by Oxford AHSN • AHSNs play key role in supporting patients with Covid-19 at home • Unique midwife education and training programme improves safety for mothers and babies in low-risk labour • Harnessing AI technology to speed up stroke care and reduce costs • Spreading digital innovation in the NHS and supporting the workforce • Keeping frail elderly people out of hospital - decreasing risk of Covid-19 infection • Supporting stroke services through the pandemic • Supporting NHS personal protective equipment needs (PPE) • Improving timely observation of vital signs of deterioration in care homes • Improving detection and management of atrial fibrillation (AF)
2019/20	<ul style="list-style-type: none"> • Thousands more pregnant women benefit from test to rule out pre-eclampsia following national rollout led by the Oxford AHSN • Supporting leadership and collaboration in medicines optimisation • Paddle – Psychological therapy support app helps patients steer a course to recovery • Adoption and spread of a quality improvement programme to prevent cerebral palsy in preterm labor (PReCePT) • Preventing prescribing errors with PINCER • Feasibility study for introducing a new rapid point-of-care HIV test into sexual health clinics (Owen Mumford) • Healthcare tech company's expansion and Stock Exchange listing enabled by Oxford AHSN expertise • Oxford AHSN support enables AI company to leverage £700,000 of grant funding (Ufonia) • The Oxford AHSN assists Fujifilm in real-world evaluation of point of care flu test
2018/19	<ul style="list-style-type: none"> • Learning together through a regional patient-centered event to improve sepsis support and information • Improving detection and management of atrial fibrillation • Understanding the impact of a new model of urgent care within a GP practice • AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs • Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services • Patient forum helps improve NHS services for people with anxiety and depression • Healthcare tech company's expansion and Stock Exchange listing enabled by Oxford AHSN expertise • Unique point of care blood test speeds up clinical decision-making improves quality of care and reduces costs • AHSNs come together to create new sepsis identification tool • Spreading best practice in dementia through webinar programme

More case studies can be found on our website²⁴. We include around three in each of our quarterly reports. We have been producing these since 2014.

²⁴ <https://www.oxfordahsn.org/about-us/documents/quarterly-reports/>