

# 2022/23 Business Plan



## Contents

Chief Executive’s Introduction .....	2
Business Plan Summary .....	3
Governance .....	10
Patient Safety and Clinical Improvement .....	12
Clinical Innovation Adoption.....	20
Strategic and Industry Partnerships.....	26
Research and Development.....	31
Community Involvement and Workforce Innovation.....	32
Stakeholder Engagement and Communications.....	39
Appendix A – Risks Register & Issues Log .....	40
Appendix B – Oxford AHSN Trajectories .....	43
Appendix C – Organisation Structure.....	44
Appendix D – Pipeline Portfolio (shown by clinical priority under each programme) .....	45
Appendix E – Programmes.....	49

## **Chief Executive's Introduction**

This is our fifth and final year of the second AHSN licence period. As Chair of the national AHSN Network my main focus has been to work with other AHSN Chief Executives and our commissioners to develop a clear strategy and plan to support the NHS recovery from the pandemic and economic growth of the life science sector that secures a renewed five-year licence from April 2023. The AHSN Network has agreed a business plan for national work to deliver the strategy agreed last year. This is supported and overseen by a newly established AHSN Network Committee of the Chairs and Chief Officers of the 15 AHSNs. Our business plan includes our plans to deliver the national AHSN Network plan and our local and regional work for the year ahead.

Future work of the AHSN Network will be shaped by the Life Sciences Vision and the Core20PLUS5 health inequalities strategies, with a focus on four key clinical areas highlighted in these plans; mental health, respiratory and cardiovascular disease, and maternity and neonatal health.

The AHSN Network will launch two new national programmes in 2022-23; Transforming Wound Care, to improve the outcomes of the 173,000 people who develop this problem each year and Polypharmacy, to improve the quality and safety of prescribing in people with multiple long-term conditions. We will continue our national work on reducing heart attacks and strokes through better management of hypertension and lipids, and improving the outcomes for people with asthma, supporting our health systems use new therapies, diagnostics, and service models to achieve maximal population health benefits.

About half of our funding is utilised to deliver national programmes which means that we must carefully prioritise out local and regional programmes of work. In the past year we have worked much more closely with the three local Integrated Care Systems we support – Bedford Luton and Milton Keynes (in partnership with Eastern AHSN), BOB and Frimley. Increasingly we are working with Kent Surrey and Sussex AHSN and Wessex AHSN and the South East Regional Medical Team to develop and deliver regional programmes of work such as the roll out of Virtual Wards.

**Professor Gary A Ford, CBE, FMedSci**

# Business Plan Summary

## Introduction

2022/23 is the final year of the second NHS England five-year licence period which ends in March 2023. This is the tenth Oxford AHSN Business Plan. The key priorities in the plan were presented to the Oxford AHSN Board in February; main update since then being NHSI PSC commission.

The Oxford AHSN will continue to lead on the national roll-out of the Asthma Biologics RUP programme and through collaborations (national NHSE/AAC, clinicians, industry, AHSNs/NHS). We concluded the Asthma Biologic Benchmarking analysis (200 sites nationwide responded) and launched the SPECTRA app. We will also continue to support the Fractional Exhaled Nitric Oxide (FeNO) project, for the diagnosis and management of asthma project has redesigned pathways across four PCNs, incorporating appropriate use of FeNO testing. The two national mental health projects, ADHD and Early Intervention in Eating Disorders will continue.

We have launched health inequalities dashboards in collaboration with BLMK, BOB and Frimley ICS to inform our work. These support Oxford AHSN's healthcare priorities which are aligned to Core20PLUS5.

The NHS is facing the huge challenge of delivering elective recovery and with significant workforce challenges and the levelling-up agenda. The pandemic is not over, and waves of new variants are increasing demands on the service and staffing. The pandemic has demonstrated the importance of technology-led transformation in addressing access to care and workforce productivity. An example being elastomeric devices to administer IV antibiotics and chemotherapy either at home or in hot covid wards being scaled up. Significant bed days can be saved through adoption of this technology. We are working with Oxford University Hospitals and NHS Supply Chain and will continue to expand this work through 22/23.

The NHS needs to improve many aspects of healthcare prevention and delivery, and by improving many things in parallel, we can improve health of our population. In the business plan we have 81 individual projects. We must consider a digital element in all our innovation adoption and improvement work e.g., monitoring or data collection or workflow such as in supporting the roll out of Virtual Wards in the region.

We have updated the MOU with Eastern AHSN and the BLMK ICS to ensure this region is supported and also the CCG offers help in local engagement, especially primary care which historically has been challenging. We are working more closely with BOB ICS – e.g. supporting the rollout of Virtual Wards and their industry engagement. We are the lead AHSN for Frimley ICS and will support the development of an innovation strategy.

A joint appointment has been agreed with Eastern AHSN and BLMK ICS. We have proposed a similar role with BOB which it is considering. We are providing director level support to Frimley ICS. These roles will improve coordination and alignment between ICSs and AHSNs and support the ICSs develop their own innovation strategies and pipelines.

We collaborate with KSS and Wessex AHSNs in many areas, e.g. respiratory pathways, patient safety, delivery of Inclisiran, health inequalities and environmental sustainability.

## Strategy and clinical themes

The AHSN Network has developed a strategy, in preparation for relicensing, and published the first Network wide Business Plan which covers the financial year 2022-23. The plan focuses on the nationally implemented work that all 15 AHSNs will collaborate on, and which we report on together. National work comprises roughly 50% of our resources. The Network strategy reflects an increased level of ambition, which matches the scale and urgency of the NHS's need to transform service delivery.

Oxford AHSN has developed its own strategy which is now available. This is aligned to the AHSN Network strategy and supports Core20PLUS5 priorities; CVD, Mat neo, Mental Health, Respiratory and early Cancer Diagnosis. Oxford AHSN has also developed a programme to support delivery NHS net zero. We are leaders in the AHSNs Network's Community of Interest on Environmental Sustainability with a focus on ensuring we capture positive environmental benefits of our programmes, e.g., wound care, polypharmacy, and asthma management. We have made a joint appointment with KSS AHSN of an Environmental Sustainability manager to lead the work.

We remain focussed on health and care priorities, aligned to Core20PLUS5 where we have developed a critical mass of knowledge and engagement, aligned with the priorities in the Thames Valley, across South East England, and to the AHSN Network strategy. These are:

- Cardiovascular disease
- Mental health
- Maternity and neonatal
- Respiratory

Oxford AHSN is also a leader in digital/AI, in vitro diagnostics and patient and public involvement.

We are starting the following national programmes;

- Transforming Wound Care
- Polypharmacy
- Home Blood Pressure Optimisation (initiated last year)
- Reducing inappropriate high dose opiate prescriptions for non-cancer pain
- Implementation of the Patient Safety Incident Response Framework (PSIRF).

## **Developing the organisation**

In line with the AHSN Network Strategy we have worked with the other AHSNs to develop a unified offer to innovators. To support this, we have a new triaging system to effectively manage the communications between the AHSN and the companies and innovators that connect with the AHSN to explore circa 2,500 innovations per annum.

We have started the process of consolidating our reporting and governance tool set. In contributing to the AHSN Network Pipeline and Local Programme Reporting tool we reviewed our systems for project management and reporting, we are moving forward using Salesforce as our reporting platform and will be developing this to effectively support our delivery teams.

We continue to assess the most appropriate ways of working, considering preferences for home and office working, and the importance of minimising unnecessary travel to meetings with stakeholders that can waste time and harm the environment.

Our monthly team get togethers have been largely remote over the last year, however, we are now re-establishing in-person meetings for the whole AHSN team each month. These are important networking opportunities, and allow staff to collaborate, share 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. And the Friday morning coffee and catch up online has helped new starters in particular, to get to know the team, as well as fostering existing relationships.

A summary of our nationally commissioned and locally commissioned programmes is presented in the two graphics that follow - these are grouped under Oxford AHSN's clinical priority areas.

Nationally commissioned work 22/23: clinical focus areas Oxford Academic Health Science Network 

Mental health	
Improve the assessment process for Attention Deficit Hyperactivity Disorder	Reducing restrictive practices
Supporting mental health to speed up diagnosis and treatment of eating disorders in young people	
Patient Safety	
Wound Care Strategy to improve the prevention and care of pressure ulcers, lower limb wounds and surgical wounds	Supporting the implementation of the Patient Safety Incident Response Framework (PSIRF)
Managing deterioration in care homes	Virtual wards
Maternity and Neonatal	
Improve the optimisation and stabilisation of the preterm infant	Improve the early recognition and management of deterioration in women and babies

Cardiovascular	
Blood Pressure optimisation to prevent heart attacks, strokes, and vascular dementia in patients with hypertension.	Reducing cholesterol with medication to improve lipid management
Respiratory	
FeNO testing to help improve the diagnosis of asthma	Increasing the uptake of biologics in severe Asthma
Medicines	
Polypharmacy	Reduce inappropriate high dose opiate prescriptions for non-cancer pain

New for 22/23  
Possible programme 22/23  
Continuing programme

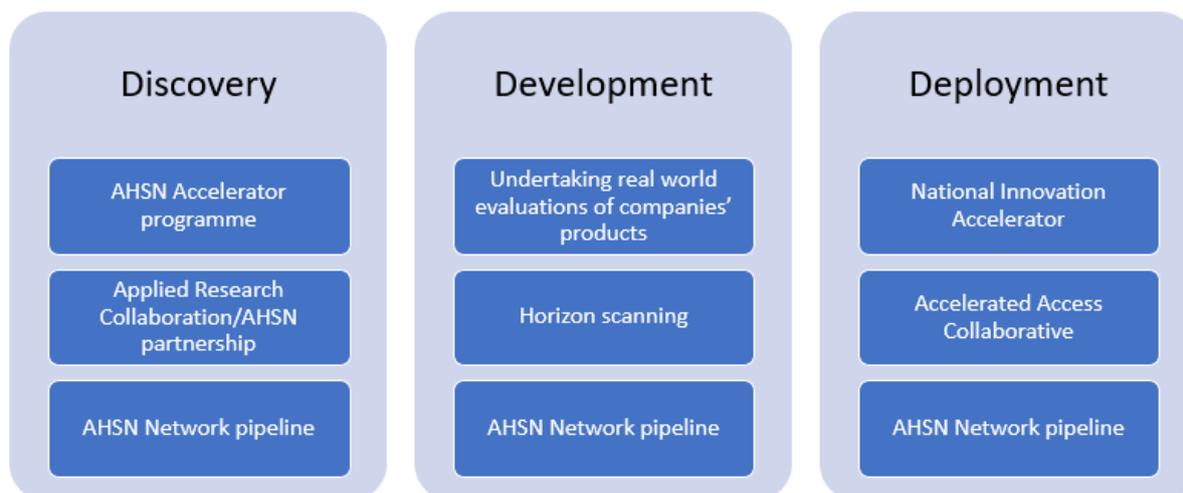
Locally commissioned work 22/23: clinical focus areas Oxford Academic Health Science Network 

Mental health	
Increasing awareness of anxiety and depression in older adults, to increase referrals through the IAPT	Supporting recovery from anxiety and depression through Paddle app
Improving sexual safety	
Digital health tools in the depression patient pathway	Digital triage for secondary mental healthcare
Respiratory	
Assessing the immune status of patients in ICU with sepsis to find those at highest risk of health care acquired infection	Using artificial Intelligence (AI) for early recognition and management of deterioration in paediatric asthma
Other	
Improving management of patients with osteoporosis at risk of fragility fractures	Automated telemedicine in high volume low complexity pathways to aid elective recovery
Digital innovation in the perioperative care pathway to assist elective recovery	Improving seizure detection and analysis at home using Artificial Intelligence
Point-of-care antibiotic susceptibility testing to aid urinary tract infection treatment	Data-driven system for individualised CTG analysis to enhance clinical decision-making and avoid foetal damage during labour

Cardiovascular	
Using AI applied to routine CT scans to find people with fat tissue inflammation at high risk of diabetes and death due to CVD	Harnessing AI technology to support clinical decision-making in stroke
Real world evaluation of AI-driven cardiovascular risk prediction from routine CT scans	Supporting further roll-out of virtual TIA clinics
AI automated analysis of stress echocardiograms for patients with suspected cardiac pathology	
Using vagal stimulation to reduce blood pressure in patients with resistant hypertension	Supporting home blood pressure monitoring programme
	NIPP to accelerate the evaluation and implementation of promising innovations
Other	
e-learning programme supporting listening into babies during labour	Supporting the Oxford AHSN Accelerator programme alumni
Inequalities dashboards for clinical priorities of AHSN and ICSS	Elastomeric devices for IV infusion
	Practical Innovators Masters-level programme
MendelScan to interrogate patient records for twenty rare diseases	Community of Interest groups for environmental sustainability and diagnostics

## Innovation pipeline

In the body of the business plan we have set out the stage of each project/programme on the innovation pipeline.



## Resources

Commissioner/Other	Q1	Q2	Q3	Q4
NHSE - National	9	11	14	14
NHSE - Local	7	10	10	10
OLS	12	12	12	12
PSC	6	6	7	7
Other	2	2	3	3
Overhead	8	8	8	8
<b>TOTAL</b>	<b>45</b>	<b>49</b>	<b>54</b>	<b>54</b>

About a third of our staff will deliver NHSE/I commissioned national programmes/products.

Oxford AHSN is leading on the national rollout of asthma biologics which is utilising 2.8 WTE staff in Clinical Innovation Adoption. Of the 19 staff we have working on local programmes, 12 are focused on Discovery and Development projects in Strategic & Industry Partnerships. 2.5 WTE Clinical Improvement staff work on local mental health programmes and 2.5 WTE work on local CVD projects. Four staff work on local workforce and patient involvement projects. Other utilised WTE's refer to separate commissions by NHSX (AI) and NHS Oxfordshire CCG (Virtual Ward)

A recruitment plan increases our WTE from Q3 by 9 to 54.

## Finance

Total income is budgeted to be £5.9m with planned expenditure of £5.9m; 78% being direct programme costs.

<b>Financial Year</b>	<b>2022/23 Plan (£)</b>
<b><u>INCOME (Revenue)</u></b>	
NHS England	-2,723,651
NHS Improvement - Patient Safety	-470,470
Office for Life Sciences	-823,900
Deferred NHS Improvement - Patient Safety	-25,746
Partner Contributions	-300,000
Other Income - Direct Programme Funding	-423,512
Other Income - Corporate	-75,000
Other Income - Grants from Accelerare Ltd	-105,504
Other Income - Cogentis Recharges	-14,257
Other Income - Patient Safety	-90,000
Other income - Strategic & Industry Partnerships	-186,869
Other Income - Clinical Innovation Adoption	-472,000
Other Income - Community & Workforce	-167,996
<b>TOTAL INCOME</b>	<b>-5,878,905</b>
<b><u>AHSN FUNDING OF ACTIVITIES</u></b>	
Clinical Improvement	383,803
Clinical Innovation Adoption	1,750,266
The AHSN Network	214,512
Patient Safety Collaborative	496,216
Pre Term Birth Project	90,000
Strategic Industry Partnerships	1,010,769
Community Involvement & Workforce Innovation	465,195
Programme Leads - ICS (BLMK/BOB)	46,444
Programme Overhead Communications	111,576
Programme Overhead Pipeline	25,908
<b>Sub-Total Programmes &amp; Themes</b>	<b>4,594,689</b>
Corporate Office	1,284,216
<b>Sub-Total Corporate</b>	<b>1,284,216</b>
<b>TOTAL EXPENDITURE</b>	<b>5,878,905</b>

## **Risks**

Delivery of Inclisiran remains challenging locally and nationally due to pressures in primary care as COVID-19 has slowed down delivery, and ongoing systemic issues, in terms of service capacity. We continue to work closely with our partners across the system to work effectively in the face of challenges, and work with the AHSN national team to mitigate risk. We hold a monthly meeting with Wessex and KSS AHSNs to share best practice. We are developing an engagement strategy in secondary care to administer Inclisiran to patient that have been admitted to hospital admission due to a cardiac event.

**Dr Paul Durrands, Chief Operating Officer**

## Governance

### Oxford AHSN

Programme/Theme	AHSN Director	Chair of Oversight Group and member of the AHSN Board
<b>Patient Safety and Clinical Improvement</b>	Katherine Edwards	Steve McManus, CEO, Royal Berkshire
<b>Clinical Innovation Adoption</b>	Tracey Marriott	Neil Dardis, CEO, Frimley Health
<b>Strategic and Industry Partnerships</b>	Julie Hart	Simon Greenstreet, Head of Communications, Bayer UK, and Ireland
<b>Research and Development</b>	Gary Ford	Joe Harrison, CEO Milton Keynes University Hospital
<b>Community Involvement and Workforce Innovation</b>	Siân Rees	Co-chairs: Minoo Irani, Medical Director, Berkshire Healthcare and Karen Owen, Public Co-chair

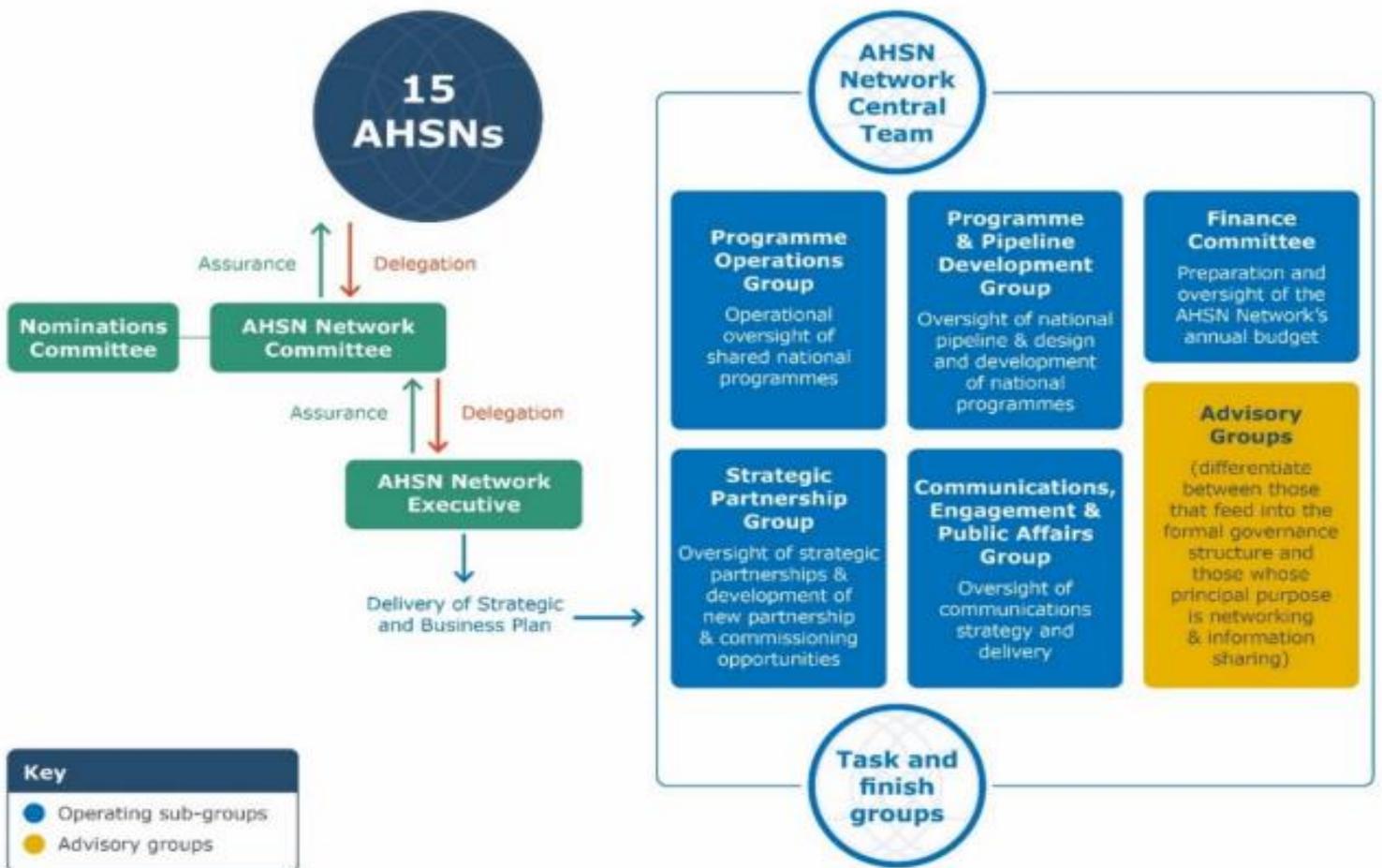
Gary Ford chairs the AHSN Network, is the Network's CVD lead and the link to NICE. Paul Durrands is a member of the AHSN Network Programme Operations Group and the Community of Interest for Environmental Sustainability. Katherine Edwards is the national MatNeo Lead and sits on the Patient Safety Leads group. Tracey Marriott is leading the national asthma biologics programme. Guy Checketts represents Oxford AHSN on the AHSN Network Commercial Directors group. Guy Rooney co-chairs the AHSN Network Clinical Leaders group. Amy Izzard, Emma Fairman and Martin Leaver are, respectively, part of the AHSN Network HR, Finance and Communications groups.

Gary is on the BOB ICS Senior Leaders Group and on the board of Oxford Academic Health Partners.

### AHSN Network

Alongside the first annual business plan for the AHSN Network, there has been a review of AHSN Network governance arrangements, resulting in a revised Governance and operating Framework under which Oxford AHSN will operate. Key areas of focus for 2022/23 include embedding and improving our governance and operating model; developing Network resources and toolkits; and oversight of the annual planning cycle to ensure our collective work is optimised.

Operating subgroups have oversight for different areas of the Network Business Plan activity, as well as overseeing contractual delivery and risk management. Each subgroup has defined terms of reference, a programme of work, and reports to the AHSN Network Executive to support oversight and assurance. The governance and operating framework will be implemented during 2022/23.



## Patient Safety and Clinical Improvement

The Patient Safety and Clinical Improvement team (which encompasses the Oxford Patient Safety Collaborative) uses a blended approach to improvement, responsive to the needs and requirements of the upcoming work. For example, we use supported QI coaching to facilitate team or area improvement cycles where development, measurement and testing is required at a small scale. We use a supported network approach to develop improvement in multiple sites in the same speciality or theme, or to encourage broader sharing of learning and best practice. This helps develop a healthy safety culture across boundaries and facilitating adoption and spread at pace. We also work with multiple stakeholders, including patients and families, to develop system level changes based in quality improvement methodology that would not be possible in isolation, for example, when there are issues in referral pathways between providers. As a result of this, we have good engagement with a wide range of stakeholders who we have worked with in a variety of ways, giving us a supportive platform to continue with the coming year's work.

The main aims for our work are to address significant patient safety concerns through the delivery of the National Patient Safety Programme and support the delivery and development of improvement and innovation in Mental Health Care across the whole of the Oxford AHSN.

As part of our work, we support several clinical or patient safety networks which include key stakeholders from across the Oxford AHSN region-

- **Maternal and Neonatal** – led by Mr Lawrence Impey, Consultant in Fetal Medicine, Oxford University Hospitals, Meena Bhatia, Consultant Obstetrician & QI Lead, Oxford University, Michelle East, Consultant Midwife, Buckinghamshire Healthcare NHS Trust and Anda Bowring, Advanced Neonatal Practitioner, Oxford University Hospitals
- **Deterioration** – led by Mr Andrew Brent, Consultant in Infection & Medicine, Clinical Lead for Infectious Diseases & Sepsis, Oxford University Hospitals
- **Care Homes** – led by the PS team
- **Anxiety and Depression** – led by Professor David Clark, Chair of Experimental Psychology at the University of Oxford

We have established a regional steering group for mental health to advise and support our programme of local and national work in this area. We look forward to working with this group in the coming year to further develop programmes of work which support local needs for improvement and innovation.

At the time of writing the national commission for the Patient Safety work for 22/23 has not been completed so the following plans for this section of work are subject to change and reflect our approach to planning for an uncertain commission.

## Maternity and Neonatal Care

### **Maternity and Neonatal Safety Improvement Programme – National (Develop and Deploy)**

The overall aim of this workstream is to contribute to reducing the national rate of preterm births from 8% to 6% and reduce the rate of stillbirths, neonatal death and brain injuries occurring during or soon after birth by 50% by 2025. Our work in MatNeo is facilitated by our well established Maternal and Neonatal Patient Safety Network. We expect the following work to continue -

#### ***Support the spread and adoption of the preterm perinatal optimisation care pathway across England by 95% or greater by March 2025 – National (Deploy)***

The bundle includes

- Support an increase in the proportion of babies (less than 27 weeks' gestation) born in appropriate care setting for gestation to 95% or greater by March 2023.
- Support an increase in the proportion of eligible women (less than 30 weeks' gestation) receiving antenatal administration of magnesium sulphate (MgSO<sub>4</sub>) in the 24 hours prior to delivery to 95% or greater by March 2022.
- Support an increase in the proportion of women less than 34 weeks with threatened preterm labour receiving a full course of antenatal corticosteroids within one week prior to delivery to 95% or greater by March 2023.
- Support an increase in the proportion of women in threatened preterm labour (less than 34 weeks gestation) who receive a dose of appropriate intravenous antibiotics within six hours of birth to 95% or greater by 2025.
- Support an increase in the proportion of eligible preterm babies (less than 34 weeks' gestation) who receive delayed cord clamping at the time of birth to 95% or greater by 2025.
- Support an increase in the proportion of preterm babies (less than 32 weeks' gestation), who have measured normothermia (temperature between 36.5- 37.50C) at admission to a neonatal unit, within one hour of birth to 95% or greater by 2025.
- Support an increase in the proportion of preterm babies (less than 34 weeks gestation) who receive maternal breast milk within 6hrs of birth to 95% or greater by 2025.

During 21/22 we have seen good levels of sustainability and improvement and we will continue this over the coming period, including supporting dedicated task and finish groups for each element.

External funding has also been secured to support delivery of the optimisation care bundle through the development of an education and QI project working with a multidisciplinary team of key stakeholders across the Southeast. The funding 'model' is a collaboration, with the largest share of the funding coming from Health Education England and pro rata contributions from BOB, Frimley, Southampton, Isle of Wight & Portsmouth (SHIP) LMNS and the Thames Valley & Wessex Neonatal Network (TV & Wessex ODN).

The project has generated significant interest with our stakeholders, and we plan to co-produce this work with parents. The overall aim is to translate national guidance and evidence into clinical practice to improve outcomes for preterm babies and knowledge and confidence for the midwives, doctors, neonatal teams, and paramedics caring for this group of women.

***Managing the prevention, identification, escalation, and response to maternal and neonatal deterioration – National (Develop, Deploy)***

This programme involves working with key stakeholders to support the development and testing of a national maternal early warning score (MEWS) and then the spread to all providers and supporting the spread and adoption of the new neonatal early warning ‘trigger and track’ score (NEWTT) to all maternity and neonatal services

For 2022/23 the Maternal and Neonatal Safety work will include all acute providers and work closely with BOB and Frimley Local Maternity Systems (LMS), and we expect to be able to begin testing with 1 or more Trusts in the next period.

The implementation should aid in the timely recognition and escalation of deterioration in mothers during pregnancy, birth and the postnatal period, and the baby in the neonatal period.

***Intelligent Intermittent Auscultation - Local (Deploy)***

For 2022/23 we will continue to support the spread and adoption of the innovative and award-winning E- Learning package developed by the PSC and clinical colleagues at OUH, RBH and the University of Oxford using simulation of fetal heart sounds for training and assessment of midwives - aiming to improve the identification and escalation of deterioration of babies in normal labour.

***Medicines Safety Improvement Programme – National (Develop and Deploy)***

This programme is currently under review. We will work with our commissioners and key stakeholders to plan activity in this area.

***Deteriorating Patient Safety Improvement Programme – National (Deploy)***

During 21/22 we have concentrated on delivery of the phased adoption of deterioration management tools (primarily RESTORE2) and approaches across care homes to support the national ambition of these tools being used in 80% of non-acute settings by March 2024. For Q3 21/22 the region is reporting coverage in 53% of all care homes, with increases being seen in each preceding quarter. We expect there to be continued work in this area, and to continue to support our networks that are aligned to the future aims and ambitions.

## **Mental Health**

### **Mental Health Programme activity**

In this period, in addition to working on the following programmes and projects the AHSN is working to develop an enhanced programme of activity in mental health by working with key stakeholders and our Mental Health Steering group to establish local needs and requirements for improvement and innovation as the year progresses.

#### **Focus ADHD – National (Deploy)**

This ADHD National programme seeks to improve ADHD assessment pathway for children and young people up to the age of 18, by introducing an objective computerised test QbTest which measures activity, attention, and impulsivity.

In Q4 of 2021-22 Buckinghamshire CAMHS has implemented QbTest at two sites – Aylesbury and Wycombe. Oxford AHSN has also facilitated discussions between Milton Keynes CAMHS and QbTech (supplier of Best) and arranged for MK clinicians to visit the Oxford service to view QbTest in action and speak to clinicians. It seems likely Milton Keynes will adopt during 2022-23 and we will continue to support this process.

Other sites within Oxford AHSN footprint – Berkshire and Oxford CAMHS – implemented QbTest prior to the start of the programme in April 2019.

With Wessex, and Kent Surrey Sussex AHSNs, we have set up a Community of Practice of clinicians and managers working in children's ADHD assessment services, to promote sharing of best practice to improve ADHD assessment pathways. We have held 4 meetings of this Community of Practice and as well as discussions among the attendees, we have had a series of expert speakers on topics such as transition from children's to adult services, youth offending and ADHD, working with schools, and latest research on ADHD medication. It is intended that this Community of Practice will continue to be coordinated by SE AHSNs throughout 2022-23. Additionally, BOB ICS has a CAMHS workstream element to improve ADHD and autism assessment services and we will provide input as appropriate.

Oxford AHSN has been looking into the links between youth offending and ADHD, and along with Kent Surrey and Sussex AHSN, looking at the potential use of QbTest in youth secure settings. During 2022-23 we will continue to investigate if there is interest on the part of trusts and youth offending services to work in this area and if so provide support for this.

#### **First episode and Rapid Early intervention for Eating Disorders (FREED) - National (Deploy)**

First episode and Rapid Early intervention for Eating Disorders (FREED) is an innovative, evidence-based, specialist care package for 16- to 25-year-olds with a first episode of an eating disorder of less than 3 years' length. FREED aims to overcome barriers to early treatment and recovery and provides highly co-ordinated early care, with a central focus on reducing the duration of an untreated disorder. It consists of a service model and a care package.

FREED seeks to reduce waiting times for assessment and treatment, which can vary between areas, and address some of the issues commonly faced by young people with an eating disorder as they move from children's services and begin their adult life (employment, university and leaving home).

We will continue to support Berkshire, Buckinghamshire (already appointed Champions) and Oxfordshire (post their FREED Champion appointment) by providing training, information, and connections across these counties and acting as the conduit with the Health Innovation Network and the FREED Network (based at SLaM).

Further opportunities to develop the local FREED offer within Buckinghamshire are presented through closer collaboration with the Community Mental Health Transformation team's ambitions to embed an early intervention approach within primary care locations, commencing in High Wycombe and Marlow initially.

Working with colleagues in the Eastern AHSN and BLMK ICS, we will continue to explore the opportunities for Milton Keynes to become FREED ready, possibly with Bedford and Luton's Eating Disorders Services widening their scope to include MK. Monitoring progress will include completion of the FREED tracker and submitting the data about patients who are placed on the FREED pathway. This includes Equalities and Diversity monitoring as well as encouraging service co-design with service users.

Regional collaboration and support for local teams to develop their FREED offer and to continue to make fruitful contacts (such as engagement with local university counselling and support services) will continue through the South East FREED Community of Practice which is coordinated by Oxford, KSS, and Wessex AHSN colleagues.

#### **Student Mental Health – Local (Discover)**

Approximately 1 in 3 students will experience clinical levels of psychological distress during their time at university. Recent studies have highlighted the impact of COVID-19 on exacerbating the mental health issues of young people and students, such as financial pressures, uncertainty about life after university, inequalities, and quick access to effective treatment. NHSE SE Clinical Networks initiated a regional piece of work on student mental health earlier in the year, along with Kent Surrey Sussex AHSN. Participating in this, Oxford AHSN has since begun some scoping work to understand what the student mental health issues are within our local organisations with the thought to developing work in this area.

#### **The Hill - Men's Mental Health – Local (Discover)**

Working with Oxford University Hospital's 'The Hill', experts by experience, clinicians and companies we are aiming help facilitate the understanding of challenges, unmet needs and opportunities around seeking and accessing mental healthcare services for men. Companies are then invited to propose solutions. Further fora events to be developed over the next six months for those who would like to follow-up the conversations begun at the workshops and to demonstrate or present other digital solutions that might be relevant to engage with men and support their mental health.

### **CAMHS– Local (Discover, Develop)**

We are currently liaising with the BOB Integrated Care System (ICS) CAMHS project group on collaborative work in the areas of digital, neurodevelopmental pathways and workforce. The project has involved conducting an audit of the digital innovations that are currently used within the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) area within CAMHS and grouped within the sections of the THRIVE pathway. Subsequent meetings with the creators and developers of the main innovations have been conducted to produce a comprehensive spreadsheet (or grid) which will allow commissioners to make strategic and informed decisions around what is offered to young people and their families within the BOB geography.

The findings from this work, which also involved an element of horizon scanning, will also be shared with AHSN colleagues across the country and a co-produced event, to share the main findings and themes from this project. We will regularly review the potential for further development of this project during the next period.

### **Community Mental Health Transformation – Local (Develop)**

We are currently attending the Buckinghamshire Community Mental Health Transformation workshops to determine how the AHSN can assist with this work including supporting process mapping of patient pathways within these services, and how any changes may have impact.

### **Mental Health Safety Improvement Programme – National (Develop and Deploy)**

Elements of this programme are under review. For the near future we expect to continue to support 3 Trusts with reducing restrictive practice in inpatient mental health services. This involves supportive QI coaching of individual wards and sharing learning both regionally and nationally to support the development of interventions. This includes continuing to support these Trusts in participating in South of England Mental Health Collaborative to access wider resources and opportunities for shared learning.

### **Anxiety and Depression (A&D) Network – Local (Discover and Develop)**

The A&D Network includes all IAPT (Improving Access to Psychological Therapies) services across Thames Valley and Milton Keynes. The overarching objective of the network is to continuously improve patient outcomes and service delivery, working very closely with its active Patient Forum.

In the next period the network will consolidate a number of projects which will come to an end and write summary reports for local, regional and national dissemination. This includes the **Staying Well Integrated Protocol** for Low Intensity work.

### **Paddle – Local (Discover, Develop, Deploy)**

Paddle is a prescribed app and is only available by invitation from IAPT (Improving Access to Psychological Therapies) therapists working in an NHS Talking Therapies service. The network has been developing the app with patients to help them make the most of therapy by storing all related information in one secure location. It can be used during, and perhaps more importantly after, a course of psychological therapy to help people stay well for longer.

In the next period the network will complete the piloting of phase 2 of Paddle, which includes further elements to support staying well and will write a report on findings and recommendations for wider implementation. In addition, the network will explore further funding options for wider roll-out.

### **IAPT and High Intensity pilots – Local (Discover, Develop)**

The network will continue data collection of pilots as part of other projects including the ‘Latent Profile 7 project’ which is looking where a cohort of patients with similar characteristics who have historically not done very well in Talking Therapies are offered an enhanced treatment package, and ‘Blended working’ regarding efforts to reduce the number of patients who have to be stepped up to High Intensity treatment where some staff could draw on their training in both Low Intensity and High Intensity training to get patients to recovery and prevent the need for stepping up to step 3. This would improve the patient experience as well as reduce pressure on High Intensity staff caseloads.

### **MH training and development of primary care and teaching staff – Local (Discover, Develop, Deploy)**

This programme of work will continue to focus on the following projects

- PPIPCare (Psychological Perspectives in Primary Care- adults) and PPEPCare (Psychological Perspectives in Education and Primary Care-CYP. These ‘Train the Trainer’ workshops and evaluation are open to all services across Thames Valley and Milton Keynes.
- PD POP (Positive Outcomes for Personality Disorders)
- Cancer patient’s psychological needs: supporting the new, integrated cancer care pathway in Buckinghamshire
- Support completion of a Staff Wellbeing Strategy for IAPT services

### **\*NEW\* Wound Care – AHSN National Programme (Deploy)**

It is estimated that approximately 730,000 people in the UK have active leg and foot ulceration. Leg and foot ulceration is primarily associated with aging so as the population ages, this is likely to increase. However, there are also many younger patients with lower limb ulceration. The cost of wound care to the NHS in England has been estimated at £8bn per annum, of which lower leg wound care is £3.1bn (Guest, 2021).

Current care models are variable with many aspects of care non-compliant with evidence-based practice. It is proposed that significant improvements can be achieved in patient outcomes and experience and in cost effectiveness through implementation of models of care that are compliant with evidence-based best practice and supported by improved digitisation through uptake of wound management digital systems.

In 2022/23 we will be starting a programme of spread and adoption of the National Wound Care Strategy Programme as an evidence-based solution to improve Lower Limb Wound Care. This work is likely to include

- Process mapping existing pathways
- Undertaking digital maturity and metrics work
- Supporting the design and implementation of new pathways and collect metrics to demonstrate improved outcomes

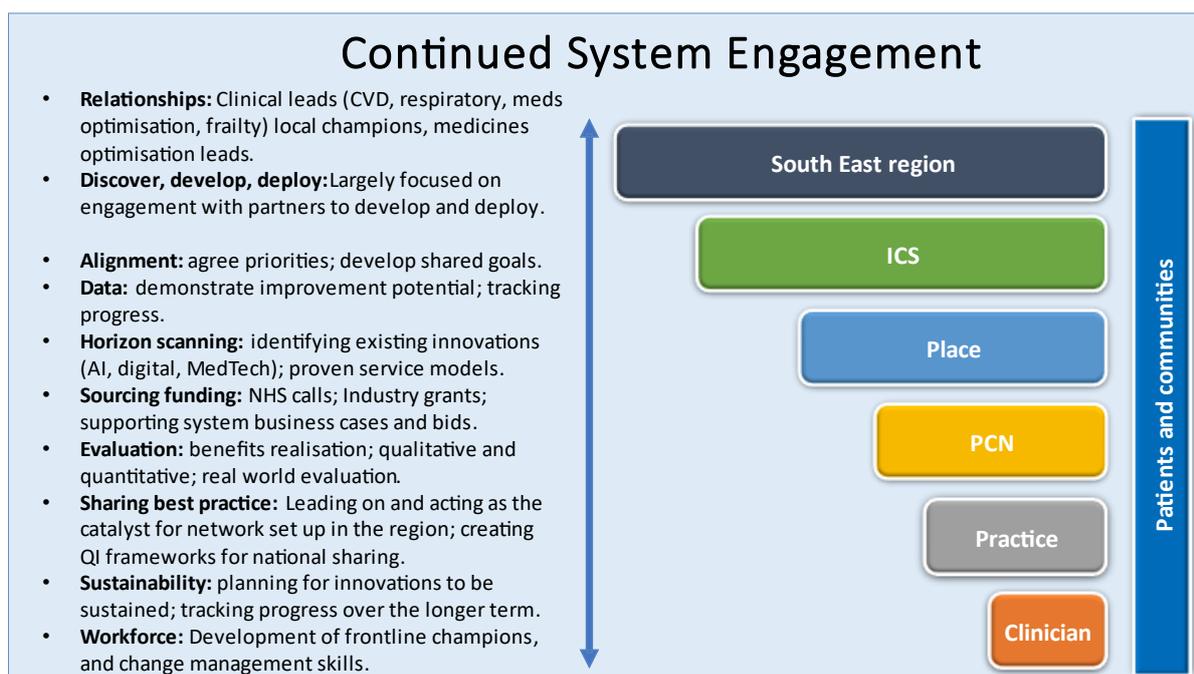
We will be working with ICS and Trust stakeholders to develop effective delivery to reduce leg ulcer prevalence and reduction of cost in care. More precise aims will be worked up as the programme starts in Q1.

## Clinical Innovation Adoption

The CIA programme delivers innovation through large scale transformation plans, primarily focused on our regional partners, but often extended to us leading national transformation programmes such as the Asthma Biologics or NHSX AI Stroke Imaging evaluation award work. We recognise the importance of innovative digital technologies and have built this into transformation projects as part of the solution.

All projects in the portfolio require an understanding of where health needs exist (linked to demographics, ethnicity, deprivation), benchmarking of service provision with pathway mapping, identification of technologies that exist or are required - often created through bids and industry support. Patients and carers are central to the approach and are involved in areas of creation and delivery.

Our success has been because of collaborative working and relationship building over the years. Whilst NHS organisations are primarily focused on operational delivery of patient care, it is challenging for internal teams to find creative headspace for transformation. The CIA programme supports this requirement for ideas and visionary thinking focusing on priorities and coupled with practical delivery, that benefit our region and the wider NHS.



The demands for using innovation for transformation by the frontline has increased significantly as NHS services become more integrated. The ICSs have an increased appetite for new ways of delivering services. This has promoted more collaboration between ICSs and AHSNs to tackle health inequalities to achieve more equity of service provision across the region. There has also been an interest in evaluating effectiveness and value, to enable knowledge sharing that has played to the strengths of our university based NIHR Applied Research Collaborations (ARCs).

During 2022/23, the CIA programme will recruit additional staff to support the expanding portfolio with new national, regional, and local programmes.

### **Our collaborations will continue during 2022/23**

A joint appointment with Eastern AHSN and BLMK ICS has been agreed. We have proposed a similar role with BOB which is being considered. We are providing director level support to Frimley ICS. These roles will improve coordination between ICSs and AHSNs and support the ICSs develop their own innovation strategies and pipelines.

We are collaborating with industry and NHS commissioners to implement AI technologies to maximise rapid scale-up and to ensure safety and accuracy. CIA Director (Tracey Marriott) is embedded with the University of Oxford ARC Theme Leads, influencing research design with mutual growth in understanding real world deployment evaluation and the touch points with research. The CIA team remains stable, but in need of more resource to support transformational recovery for the NHS. The team's skillset has recently benefited from having a new CIA Manager join the team with primary care digital expertise. Our key skills of working in industry, consulting, transformational projects, charity experience, hospital management, commissioning, medical and pharmaceutical backgrounds, research (academic and scientific), evaluation and analytical capabilities, continue to provide a creative transformation offer. We are looking to replace our retiring academic researcher and to employ a methodologist specifically supporting CIA evaluation activities.

Over the next year we will deliver 20 nationally commissioned programmes (add +4 RUPs to be confirmed) and 13 local/regional programmes. Key areas of the programme are CVD, respiratory, frailty, medication optimisation, artificial intelligence (AI) and digital linked to transformational change within the therapeutic areas mentioned previously. We are also working on virtual wards, early discharge, and elective recovery.

We will continue to lead nationally for the AHSN Network on asthma biologics, with Tracey as the product owner/chair, Dr James Rose as the implementation lead, Seema Gadhia as the pharmacist lead and Marianna Lepetyukh programme managing to ensure that all workstreams deliver. This massive transformation programme will benefit thousands of severe asthma patients across the country as we implement integrated care services (primary, secondary, and tertiary) and consolidate the work done with our national clinical leads who have rallied clinicians by working to gain consensus on best practice. During 2022/23, the AAC Pathway Transformation Fund will support development of these services including asthma biologic home monitoring, patient leaflets in different languages and deep dives into ways of working to address inequity of access to services and hard-to-reach patient cohorts.

All projects require collaboration with industry and for the asthma biologics project we are working with AstraZeneca, GSK, Novartis, Teva and Sanofi as manufacturers; Oberoi and My mHealth as digital service providers; Cogora, for education and training services and Cube Creative alongside Arden GEM CSU for material and resource production. These collaborations have resulted in the development of digital tools such as SPECTRA and the home monitoring app plus other resources as shown in the table below that will be used to deliver a sustainable programme during 2022/23.

We have created, and continue to develop a suite of resources which will be more widely deployed and sustained through 22/23 including;

- Organisational resources which can be used to support standardisation of the pathway and supporting patient understanding of their condition (Consensus Pathway, SPECTRA tool, Home monitoring app).
- AHSN supporting resources to support healthcare teams implement pathway improvements (Homecare Dashboard, Implementation Toolkit).
- Clinical Education resources to support training across the pathway, best practice and patient experiences (training packages, case studies, Pharmacy Enhanced Roles toolkit, Product Podcast).

### **Regional and Local Project Development and Deployment during 2022/23**

The importance of regional and local projects is imperative to the innovation pipeline for nationally impactful projects. These ‘slow burn’ projects have been developing over several years with us working with committed clinicians and patients from within the system. Key projects to note that are now at deploy stage are (1) **our frailty project on osteoporosis**, (2) **the elastomeric device project** that enables early discharge of patients back to their homes and (3) **heart failure management**.

**(1) Osteoporosis**, characterised by low bone density, is the most common chronic bone disease affecting both men and women who are asymptomatic and often remains undiagnosed until a fragility fracture occurs. Fragility fractures are common 1 in 2 women, 1 in 5 men break a bone after the age of 50. Those who sustain one remain at double the risk of sustaining a subsequent fracture in the next 2 years (timely initiation of treatment is therefore crucial). In 2020 within Oxford AHSN:

- Over 2,500 patients were admitted with a hip fracture.
- Estimated 12,600 patients with fragility fracture in the region.
- Potential to prevent at least 2885 fractures, including 1207 hip fractures over 5 years.
- £23.5m potential savings across health and social care over 5 years.
- 16.5% of population are 65 years and over (range of 13.6% in MK to 18.6% in Bucks).
- Growing, and ageing population: in the next 10 years, people over 65 years of age will account for 22.6% of the population within the region.

**We have developed a cost-effective digital solution for primary care** with PRIMIS that identifies and reviews patients who have previously suffered a fragility fracture and are at high risk of sustaining another. This will improve the management of these patients through a focus on appropriate medication initiation and duration of therapy. Supported by HEE, we have already started to provide education to GP practices in relation to the ongoing management of patients with osteoporosis. The outputs have included local patient groups and charities, who co-developed the patient education tools to aid understanding of and adherence to treatment.

(2) Our **local Heart Failure project** has resulted in the development of remote and patient self-management digital tools. Population health inequalities with the support of the Community involvement and Workforce Innovation Team (CIWI) are built into all projects with some specific work underway with the ICSs in heart failure (and stroke).

(3) The introduction of **medical technology such as elastomeric devices** that enable early discharge is a key local project that enable patients to continue IV antibiotic treatment at home. We have evaluated the impact and developed a local project to support other hospitals with implementation. The clinicians involved had set up a Pharmacist Network which supports pharmacists working in Hospital at Home, sharing learning and best practice.

**The Practical Innovation Adoption and Change Management Course** (300 attendees to date) is jointly provided by Bucks University and the CIA Team, where we share how to manage change, transformation and introduce innovation. We run this to develop sustainability within the workforce. This programme has been extended to the Southeast Region for 2022/23 and continues to be extremely popular. The last cohort was funded by HEE with a focus on attracting AHPs to attend. ***Whilst very popular, funding is not secured and may result in the programme ending during this financial year.***

We continue to listen and respond to support the local and SE region in the development of projects of impact and are presently assisting with shaping the Virtual Wards opportunities.

The NIPP funding has been extremely helpful for evaluation and quality improvement work required for delivery of the TIA Clinics and services – and for bringing together academia with frontline deployment challenges. The current project is being delivered jointly with Oxford ARC and the CIA team and will benefit all services in the Southeast initially, with the objective to spread nationally.

## Clinical Innovation Portfolio 2022/23

The table below shows the key areas of focus and timelines for delivery

Deployment	Clinical Innovation Adoption Programme Portfolio	Start	Finish
	<b>NHSEI Commissioned - Lipid Pathway Management</b>	01/04/20	02/05/23
DEPLOY	National commission - Inclisiran (NEW)	31/12/21	29/03/24
DEPLOY	National commission - Familial Hypercholesterolaemia (FH) diagnosis programme (Continue)	01/04/21	29/03/24
DEPLOY	National commission - FH pathway mapping(Continue)	30/09/21	30/12/22
	<b>NHSEI Commissioned - CVD Management</b>	31/03/21	29/03/24
DEPLOY	National commission - Holist mgt of CVD risk in high risk patients	01/07/22	29/03/24
DEPLOY	National commission - Hypertension - build on 2021/22 BP Monitoring - NEW	31/12/21	31/03/23
DEPLOY	Regional - Addressing inequalities in AF (with ISDNs)	30/09/21	31/03/23
	<b>NHSEI Commissioned - NIPP Programme working with the ARC</b>	30/09/21	29/03/24
DEVELOP & DEPLOY	National commission (NIPP) TIA Clinics (evaluation & QI) - AHSN/ARC (NEW)	01/11/21	31/03/23
DEVELOP & DEPLOY	National commission (National AI Award) - Stroke imaging software evaluation	30/11/21	29/03/24
DEVELOP & DEPLOY	National commission evaluation & QI - AHSN/ARC (NEW programme TBC)	03/10/22	29/03/24
	<b>NHSEI Commissioned - Meds Optimisation</b>	01/04/21	29/02/24
DEPLOY	National commission - Polypharmacy - NEW	01/04/22	31/03/23
DEVELOP & DEPLOY	National commission - AI on Opioids (safer prescribing)/Pain Mgt (education)	01/04/21	31/03/23
	<b>OLS - RUPs</b>	30/09/20	29/03/24
DEPLOY	National commission - Asthma Biologics (AAC-RUP)	17/12/20	31/03/23
DEPLOY	National commission - PTF: BOB ICS integrated Severe Asthma Care Devt	01/04/22	30/12/22
DEPLOY	National commission - FeNO (AAC-RUP)	01/04/21	31/03/23
DEPLOY	National commission- PCSK9i - driving uptake for inhibitors in 2ndy care (RBH/BucksCCG)	01/04/20	30/09/22
DEPLOY	National commission - PTF: Bucks CCG devt of pharmacist led Lipid Mgt Clinics	01/04/21	30/06/22
DEPLOY	National commission - PTF: RBH cardiac rehab lipid mgt service	30/04/21	30/06/22
DEPLOY	4 More RUPs - NEW (TBC)	01/04/22	29/03/24
	<b>Local &amp; Regional - Frailty/Meds Opts/Early Discharge Projects/Workforce development</b>	01/04/21	29/03/24
DEPLOY	Local - Respiratory - Sentinel+ (AZ) - Quality Improvement Prog to reduce blue inhaler use	01/04/22	31/03/23
DEPLOY	Local - Osteoporosis - frailty/meds optimisation	01/04/21	29/09/23
DEVELOP & DEPLOY	Local - Heart Failure - BOB ICS heart failure Inequalities	01/09/21	31/03/23
DEPLOY	Local - Heart Failure - regional promotion/roll out of toolkit/evaluation	01/09/21	31/03/23
DEPLOY	Local - Study to evaluate Structured Medication Reviews	31/03/22	31/03/23
	<b>Local &amp; Regional - Frailty/Meds Opts/Early Discharge Projects/Digital/Workforce development</b>	01/04/21	29/03/23
DEPLOY	Local - Elastomeric devices - early discharge	01/04/21	01/05/24
DEPLOY	Regional - Virtual Wards support ICSs - elective recovery (TBC)	01/04/22	30/12/22
DEPLOY	Local - Digital assessments/innovation strategy support for ICSs	01/04/22	29/03/24
DEVELOP & DEPLOY	Local & Regional - ISDNs - Stroke Rehabilitation redesign work with ICSs	31/03/22	29/03/24
DEPLOY	Regional - Practical Innovation Adoption & Change Mgt MSC Course now extended to SE Region	01/04/22	29/03/24
DEPLOY	Local - Evaluation capacity extended to support Oxford AHSN Region	01/04/22	29/03/24
DEVELOP & DEPLOY	Regional - Cardiosignal AF detection (digital tech) - developing with Omron/evaluating	01/04/21	31/03/23

## National Programmes Metrics for 2022/23

LIPID MANAGEMENT INCLUDING ALL FH WORKSTREAMS
<ol style="list-style-type: none"> <li>1. % of known cases of FH</li> <li>2. % CCGs engaged with adoption of lipid management and FH programmes</li> <li>3. % HIST prescribed compared to all statin prescribing in primary care</li> <li>4. Absolute prescription numbers of ezetimibe</li> <li>5. % PCSK9i prescribed as a proportion of eligible population for PCSK9i</li> <li>6. % Inclisiran prescribed as proportion of eligible population</li> </ol>
INCLISIRAN
<ol style="list-style-type: none"> <li>1. Number of formularies making Inclisiran available for prescription in primary care (Green Status)</li> <li>2. Number of AHSN programme managers and clinical champions supporting Inclisiran spread</li> <li>3. Number of practices/PCNs prescribing Inclisiran, including trend information to identify those PCN's that are regularly prescribing,</li> <li>4. Number of Awareness Calls with PCN Clinical Leads/key PCN stakeholders</li> <li>5. Number of training sessions delivered and number of attendees</li> <li>6. Total number of Inclisiran prescriptions / patients on treatment per AHSN vs. patient trajectories</li> </ol>
HYPERTENSION
<ol style="list-style-type: none"> <li>1. Health inequalities: prioritised uptake of Proactive Care @home framework in PCNs with highest levels of inequalities</li> <li>2. 50% of primary care networks in England implementing Proactive Care Frameworks that include support for remote management, self-management and treatment optimisation in hypertension and including lipid optimisation as a core element of hypertension management.</li> <li>3. Blood Pressure Optimisation Rates: In those PCNs adopting Proactive Care Frameworks, increase by 5% (QOF 2020-21 baseline plus 5%) patients under 80 years with hypertension with BP controlled to &lt;140/90</li> <li>4. 4.Hypertension case finding metric to mirror that in the PCN DES to be published</li> </ol>
ASTHMA BIOLOGICS
<ol style="list-style-type: none"> <li>1. 1. Increase in patients (over 12 months) initiated on an asthma biologic (Quality and Equity)</li> <li>2. 2. Increase in reduction in number of patients on regularly prescribed oral corticosteroids to manage their symptoms (Safety and Equity)</li> <li>3. 3. Additional patients offered FeNO testing (Quality)</li> <li>4. 4. Increase in % of appropriate patients started on a biologic within 2 months of identification (Quality and Equity)</li> <li>5. 5. Increase in % of new patients transitioned to homecare (Quality)</li> <li>6. 6. Increase in Practices/PCNs receiving educational session (Sustainability)</li> <li>7. 7. Clinical and Patient experience (Experience and sustainability)</li> <li>8. 8. Economic benefits for regions (Economic)</li> </ol>
FENO
<ol style="list-style-type: none"> <li>1. Increase in access to FeNO devices across the Oxford AHSN Geography</li> <li>2. Increase in use of FeNO (as measured by consumables usage) across AHSN Geography</li> </ol>
POLYPHARMACY
<ol style="list-style-type: none"> <li>1. Numbers of PCNs engaged in Action Learning Sets</li> <li>2. Numbers of HCPs trained on Polypharmacy</li> <li>3. Numbers of sites using NHSBSA ePACT2 polypharmacy comparators for QI activity</li> </ol>
PCSK9I PTF PROJECTS
<ol style="list-style-type: none"> <li>1. Numbers of at-risk patients reviewed by service</li> <li>2. Numbers of medication changes</li> <li>3. Numbers of patients optimised</li> <li>4. Numbers of patients prescribed PCSK9i</li> </ol>

## Strategic and Industry Partnerships

Under the leadership of Julie Hart, Director of the Strategic and Industry Partnerships (SIP) programme, with day-to-day management by Guy Checketts, the activities of the SIP programme in 2022/23 will fulfil the Office for Life Sciences Innovation Exchange model for working with innovators and deliver the four core functions comprising the Innovation Exchange.

The aim of the SIP programme is to support the development of strong partnerships between academia, industry, and the NHS to deliver economic growth.

The key strength of the SIP programme is supporting the development, commercialisation, evaluation, and adoption of artificial intelligence (AI) and *in vitro* diagnostic technologies.

Key deliverables:

- During the Discover phase, innovative technologies will undergo robust due diligence to align with NHS needs before moving into the Develop and finally the Deploy phase. Technologies in the Develop phase will undergo robust evaluation to create the evidence base for deployment and wider adoption and spread.
- We will create an alumni network and an online community for previous participants of the Oxford AHSN Accelerator programme and look at our Accelerator pipeline for project opportunities for the SIP programme. A key deliverable will be an updated strategy and business plan for the Oxford AHSN Accelerator to be reviewed by the SIP Oversight Group and our Board.
- The SIP programme is one of the leading AHSNs in a Community of Interest group across the AHSN Network to promote positive environmental impact and sustainability benefits covering topics such as anaesthetic gases and asthma inhalers. During 2022/23 the SIP programme is initiating a Community of Interest group for diagnostics.
- Engagement between the Buckinghamshire, Oxfordshire and Berkshire West ICS and the SIP programme was strong in the latter half of 2021. We will continue to engage at a strategic level and identify future funding opportunities that meet local clinical priorities. We will continue to input into the formation of the community diagnostics centres and join the diagnostics oversight group so that we can align our strategic priorities with those of all the ICSs.

## Methodology

The SIP programme uses its Lean Assessment Process (LAP) methodology<sup>1</sup> to assess healthcare technologies at the early stages of development. This helps support manufacturers in deciding and refining the direction of development for their healthcare technology. Semi-structured qualitative and quantitative questionnaires capture product perception and individual views about the potential for the technology in the care pathway. An instrument is used to identify workforce stakeholders, who might use the technology, in terms of their importance. A standardised questionnaire is used to assess perceived usefulness of technologies and to assess interviewees' intention to promote the use of the healthcare technology (Net Promoter Score).



### **Core Function 1 – Discover - Identify Need and Communicate Demand**

Function Lead: Dr Mamta Bajre, Lead Methodologist / Health Economist

The Market Access team helps innovators to understand healthcare needs and priorities and the evidence requirements for new medical technologies using the Lean Assessment Process methodology (a qualified support offer for innovators). This core function is topped up with significant additional grant funding to allow for a more robust assessment to be performed.



### **Core Function 2 – Discover – Signpost and support innovators**

Function Lead: Matthew Lawrence

The Universal and Enhanced Offer for innovators is mandatory for all AHSNs to deliver. Distinctive Offer support is dependent on resource availability and will feed the pipeline for Core Function 1 (Level 3 support) and Core Functions 3 and 4 (Level 4 support).

## **Innovator Offer**

The Universal Offer (minimum meeting time has been set at 30 minutes) is open to all innovators at no cost. Following receipt of the engagement form, the Head of Business and Innovation will review and respond, then set up a meeting to assess and to triage, to provide advice and guidance and help to develop health and care understanding. Following a review meeting with the core function leads, innovators will be directed to opportunities outside of the Oxford AHSN (Level 1 support) or transition to the Enhanced Offer by meeting the Oxford AHSN threshold of local demand or AHSN priority (Level 2 support). The Enhanced Offer is available to innovators that meet the AHSN threshold at no cost to England but potentially chargeable to Devolved and International innovators.

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<sup>1</sup> The Lean Assessment Process (LAP) – experiences of NIHR London IVD Cooperative working with early-stage medical technologies. The International Federation for Medical and Biological Engineering (2017).

## **Oxford AHSN Accelerator Alumni**

The Oxford AHSN Accelerator programme has been successfully delivered over the last three years despite the COVID-19 pandemic but will be paused in 2022/23 as we conduct a review and identify potential areas for improvement. Following the successful introduction of members of the Roche Diagnostics team as mentors to the 2021 cohort, we will work with other global players to become mentors supporting our previous and future cohorts. We will work with all the participants from all stages of the previous Accelerator programmes to create an Oxford AHSN Accelerator alumni network and form an online community where we can engage with innovators, and they can engage with each other. We will assess which innovators could benefit from follow-up support and work with those that are ready to transition from the Develop to Discover phase of development. A key deliverable will be a revised strategy and business case to secure the future of the Oxford AHSN Accelerator programme.

## **Communications**

Working together with the Head of Communications, the national and local Innovation Exchange websites will be regularly updated, case studies produced, and the activities of the SIP programme communicated through the dedicated social media platforms.



### **Core Function 3 – Develop - Broker Real World Evaluation Opportunities**

Function Lead: Ashley Aitken, Senior Programme Manager

The Evaluation programme was originally established in 2016 as the Diagnostics programme and has continued to grow and excel in its evaluation activities. The team will focus on validation in a real world setting of breakthrough innovations and creating impact reports that will be developed into high quality case studies for dissemination and into business cases to facilitate adoption. We will work with the Oxford AHSN Community Involvement and Workforce Innovation team to include patients and workforce in our evaluation projects.



### **Core Function 4 – Deploy – Support adoption and spread of promising innovation**

Function Lead: Guy Checketts, Head of Transformation

This main purpose of this core function will be to drive the uptake and adoption of innovative MedTech Funding Mandate (MTFM) products aimed at improving patient safety and patient outcomes and giving patients faster access to innovations that can transform their care. We will also provide support to the AHSN's Clinical Innovation Adoption team.

## **National programmes (MedTech Funding Mandate – MTFM) April 2022-March 2023**

Once the benefits of each product are understood from the lead AHSN, initial activity will be to identify relevant commissioner and provider stakeholders, baseline current usage and agree an adoption plan by Trust.

- BPH Surgical innovation MTFM (Urolift, Rezum, Green Light, Plasma System (TURis))
- Patient experience MTFM (Thopaz+, SecurAcath)
- Specialised treatments MTFM (XprESS Multi Sinus Dilation, Spectra Optia, gammaCore)
- Enhanced Diagnostics MTFM (PIGF-based testing, Heartflow)

## **New regional or local programmes**

A new local / regional spread and adoption project will be initiated. The preferred approach is to work with other AHSNs to identify either a successful project that is spread-and-adoption-ready, or one that has been successfully adopted in the other AHSN's local area and can be replicated in the Oxford AHSN region. Preference will be given to projects that align to local clinical priority areas and meet the needs of local ICS.

## **Overarching programmes**

### **Environmental Sustainability Community of Interest Group – supporting NHS to deliver net zero**



The programme plans to evolve the recognition of the environmental benefits of projects using “Sustainability Calculators” in business cases within the AHSN and with our wider regional and national partners’ plans. Sustainability is now a feature in the AHSN Network strategy. We will continue to establish and grow the AHSN Network Environmental Sustainability Community of Interest building a movement by sharing best practice across the AHSN Network. More quarterly share and learn events promoting best practice in environmental sustainability are planned covering topics such as sustainable procurement, waste management, medicines (e.g. Sentinel to improve asthma control and reduce waste and greenhouse gas emissions), and wound care. Two more environmental impact assessments are planned.

### **Diagnostics Community of Interest Group**



We are at a pivotal moment in the Diagnostics sector where the value that diagnostic testing can bring has been realised right across the system. A recent report recommends increasing the uptake of innovative diagnostics across care pathways by driving uptake through the Academic Health Science Networks and Accelerated Access Collaborative recommending that Academic Health Science Networks (AHSNs) regional diagnostic leads should work with the Accelerated Access Collaborative to encourage greater uptake of new innovative products at a national level, particularly through engaging with other NHS Trusts in their region. We will be setting up a Diagnostics Community of Interest group to raise the awareness of diagnostic technologies that have shown potential to benefit patient flow and deliver better patient outcomes, and to support their evaluation, adoption, and spread by showcasing example of best practice from across the regions supported by the AHSN Network.

## Summary

Clinical Area	Discover - Local	N/C	Develop - Local	N/C	Deploy - National	N/C	Scheme
<b>Cardiac</b>	Afferent*	C	Ultromics*	C	Heartflow	C	MTFM
	FatHealth*	C					
	CaRi-HEART*	N					
<b>Respiratory</b>	IMPACCT*	C			Asthma biologics*	C	RUP
	BreatheOx*	C					
<b>Mat Neo</b>	OxSys*	C	NICU cannula	N	PLGF	C	MTFM
	Drug safety	N					
<b>Elective Recovery</b>			Ufonia*	C			
			Perioperative Fund*	N			
<b>Diagnostics</b>	UTI*	N	MendelScan*	C			
			NELLI*	N			
			POC testing	N			
<b>Mental Health</b>	chronosig	N					
	Digital tools	N					
<b>Other</b>					SecurCath	C	MTFM
					GammaCore	C	MTFM
					Urolift	N	MTFM
					Rezum	N	MTFM
					Green Light	N	MFTM
					Plasma System	N	MTFM
					Thopaz	N	MTFM
					XprESS Sinus	N	MTFM
				Spectra Optia	N	MTFM	

Key: N = new for 2022

C = continued from 2021

\* = Grant / non-OLS funding

## Research and Development

The theme supports collaboration between the NHS and Higher Education Institutes, working with the NIHR and other research infrastructure across the Thames Valley. The theme is led by the CEO, Gary Ford.

The Oxford AHSN R&D group is chaired by Joe Harrison, CEO Milton Keynes University Hospital and Oxford AHSN Board member, and has representatives from Universities, NHS Trusts, and NIHR research infrastructure from the AHSN's region.

Presentations from partners will continue to provide a great deal of information that can then support further interactions, possible collaborations and add value across the AHSN. The R&D theme will continue its collaboration with OAHP and the ARC on scoping and implementation of the AHSN Network pipeline to understand the pipeline of innovation across the Thames Valley. Work with the ARC is coordinated through Gary Ford as Implementation Lead for the ARC with support of Sarah Brown, ARC Programme and Implementation Manager.

In addition, during 2022/23, the group will:

- continue its work (started in July 2021) on the coordination of working of research partners with the Thames Valley integrated care systems (ICSs), identifying research outputs addressing ICS population health need; and
- assess the capability of partners in real world evidence generation to support evaluation of AHSN and ICB adoption of new service pathways and innovation.

## Community Involvement and Workforce Innovation

The **Community Involvement and Workforce Innovation (CIWI)** Team have completed their first full year of work together, providing support to:

- internal AHSN programmes,
- other AHSN colleagues regionally and nationally,
- our local partner organisations.

All health and care innovation is ultimately about people: those who receive care and those who provide it. We will work to help make sure that the needs, preferences and values of both patients and staff are included in the work of the AHSN. This is essential to successful innovation and sustained adoption of new ways of working. To achieve this, we will focus on:

### Health inequality and inequity

- understanding the needs of all our local populations and how these relate to the provision of health and care.

### Community Involvement

- understanding our local communities: what matters to the public and patients, alongside their experience of health and care.
- helping to develop patient and public involvement and coproduction plans.

### Workforce Innovation

- considering the needs of, and the impact of innovations on, the people who work in health and care.
- considering where innovation maybe needed to support health and care staff to deliver the highest quality care.

In line with other crosscutting themes such as sustainability, we can help by giving advice, working with teams, or carrying out work on their behalf, working across all areas of AHSN activity.

## Understanding health inequality and acting on inequity

Understanding health inequalities<sup>2</sup> and the advancement of equity<sup>3</sup> are important components of our work, recognising that individuals have differing needs, and will be impacted differently by the innovations, policies, and services we implement. We will do this by working with our colleagues internally to support their work on addressing inequity and with our ICS partners through the newly established Health Inequalities Working Group.

We will help ensure our work focuses on this through:

1. Understanding what is already known about population differences in:
  - incidence & prevalence (morbidity, mortality, or risk factors)
  - access and
  - outcomes: clinical, experience and safety.

As an organisation we will do this by creating evidence summaries and applying this knowledge by completing an Equality and Health Inequality Impact Assessment (EHIA).

2. Understanding our population. We will continue to generate population dashboards that show where in population inequalities and inequity exist and use this information to focus our work in line with Core20PLUS<sup>4</sup>.
3. Understanding our communities by working with staff, patients, and the public to understand the experience of those from seldom heard groups, in particular, and developing community involvement plans as part of our implementation plans.
4. Including equity as a measure of programme impact by utilising the AHSN Network approach to defining outcomes (**Error! Reference source not found.**

The AHSN Network  
An Outcomes Framework



### Outcome Domains



Figure 1 Outcome Do

<sup>2</sup> Health Inequality: an objective difference in mortality, morbidity or service provision arising from socio-economic factors e.g. income; geography e.g. rural v urban; specific characteristics e.g. ethnicity or sexuality; socially excluded groups e.g. asylum seekers or those without a home

<sup>3</sup> Health Inequity: a difference in service access or use that is deemed unfair and creates avoidable disadvantage

<sup>4</sup>Core20PLUS5 <https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>

## How we will work

To oversee the work of the Team we have re-established our Oversight Group to cover community involvement and workforce innovation with new terms of reference and extended membership. It is co-chaired by Karen Owens and Dr Minoo Irani. We will review function and membership in the coming year to ensure that it works for both the AHSN and the members.

- Output: Review of function and membership end of Q4.

As we are a small team, we are reviewing how we can most effectively provide advice and support to our colleagues, working across the breadth of activities they undertake (Figure 2 Our Offer). The sort of support we could provide ranges from simple advice to running activities with or for colleagues such as focus groups to help define need for innovation, being co-applicants on research bids or supporting spread and adoption by understanding the needs of staff.



Figure 2 Our Offer

Over the coming year, we will develop and test a number of new processes, including monthly drop-in sessions, on-line requests for help, quarterly meetings with SIP, CIA, and Patient Safety and themed all team education sessions.

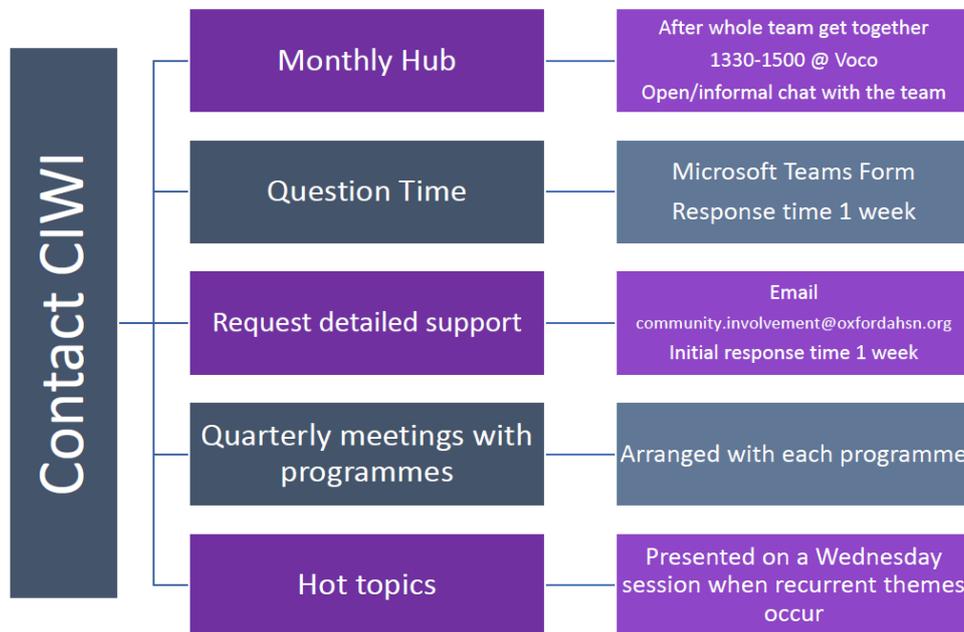


Figure 3 Our Processes

We hope these processes will help ensure early involvement in projects and timely input of our advice and support. We will review the new processes after nine months of operation.

### Specific programmes of work

We will continue to support internal local projects over the coming year, such as elastomeric devices and bone health, we will also input into our focused work areas and the AHSN Network national programmes.

### Cardiovascular Disease

We continue to develop patient facing educational materials for the lipids programme and work with seldom heard communities to better understand their needs in relation to lipids and CVD interventions more broadly. We are supporting a similar approach to health inequalities with the BP optimisation programme.

### Maternity

We will continue to support local Maternity Voices Partnerships and our AHSN programmes with a focus on health inequalities.

## **Mental Health**

We are working with colleagues to support understanding staff views on restrictive practice and how these can be utilised during implementation of changes to practice. Similarly, we will explore the patient and public involvement and workforce aspects of the new sexual safety programme.

## **Wound Care and Polypharmacy**

These new national programmes both have the potential for workforce and community involvement input. We will work with the programme leads to define what this should look like. Our Workforce Manager will sit on the national Polypharmacy Steering Group.

## **Care Homes**

We will continue to explore opportunities to work with the sector in conjunction with other AHSNs.

## **Digital**

We will continue to develop coproduction in the Thames Valley and Surrey Shared Records Partnership (LHCR). We will further develop the Ethics and Engagement Advisory Board we established in autumn of 2019. This Board is providing invaluable advice to the Programme currently and has the potential to expand its remit. We are also providing community involvement thinking into the developing Trusted Research Environment project.

- Output: Three meetings of the Ethics and Engagement Board, review of terms of reference by Q3.

## **Staff Health, Wellbeing and Productivity**

This continues to be a priority for national, regional, and local planning. We will continue to work with the BOB system, our regional and SE AHSN colleagues to build on our existing work.

Specifically, we will:

- complete our evaluation of the BOB Enhanced Occupational Health and Wellbeing (HWB) pilot
- complete our nationally commissioned work on pathway transformation, and how transformation of pathways might be most effectively addressed.

We will continue to work with our regional and local ICS partners to define further workforce projects for the coming year.

## **Community Involvement**

We will continue to work with our local patient and public involvement colleagues through our Working Together Operational Group. In the coming year we hope to restart our outreach community engagement programme visiting shopping centre and community venues to both raise awareness of the opportunities for working with us and to understand what matters to local communities.

- Output: Three outreach events run.

We will also be developing the diversity of people and communities we work with by appointing county-based Public Link Partners and further Equalities Advisers.

To further develop coproduction and work on health inequalities we are developing a community of practice in conjunction with the time bank and skills share platform Hexitime.

### The Working Together Community of Practice



- Output: An active on-line community of practice by Q4.

#### **Training, development, and events**

We will continue to deliver webinars and workshop with our Working Together Partnership colleagues, focusing on aspects of patient and public involvement and coproduction and inviting mixed participants from the public, research, education, health, and care. We will spend the initial quarter of the year developing a strategic comms plan so that we maximise audience reach and impact.

- Output: By end of Q4:
  - Introduction to patient and public involvement workshop
  - Writing for the public workshop
  - Three seldom heard webinars

We plan to work with ICS, and other local, colleagues to run a conference in Spring 2023 with community involvement and inequalities as a focus. We will also explore the idea and practicalities of patient pull in innovation.

- Plan: Decision to run event or not taken by end Q1. Event run in 2023.

## Understanding health inequalities and acting on health inequity

We have an increased focus on understanding where population health inequalities exist and how we will, alongside our partners, take action to address this presents an important challenge to the way in which we work, informing both community involvement and a focus for workforce going forwards. We will apply the following principles to the way we work:

- Advancement of equity is an important component of our work, recognising that individuals have differing needs and will be impacted differently by the innovations, policies, and services we implement.
- Population health inequalities will inform our work through understanding:
  - Incidence and prevalence: do specific individuals or communities experience differences in the health condition or relevant risk factors?
  - Access to services: is there any evidence to suggest that specific individuals or communities do not, or cannot, access relevant services?
  - Health outcomes: is there evidence to suggest that specific individuals or communities experience differences in clinical or safety outcomes of treatment and care?
  - Experience of health and care: is there any evidence to suggest that specific individuals or communities differ in their experience of relevant health and care services?
- This will be used to inform implementation plans, which will include relevant workforce and patient and community involvement and action.
- Plans to address inequalities, and any related metrics to measure success of implementation, will be proportionate, considering available resources.

This approach allows us to support our national commissions, local and regional priorities. We will be supported by the Oxford AHSN's cross programmes EDI Group.

## Stakeholder Engagement and Communications

This plan outlines how the Oxford AHSN will support local health and care systems to deliver improved health outcomes in line with population needs and system priorities. Effective stakeholder engagement will be a key component in achieving this. We will work to continue to strengthen collaboration with our partners in the NHS, research, industry and other AHSNs. We will look to develop two-way relationships and tailor communications in line with the wishes of place-based systems. We aim to build stronger relationships with communications teams within the integrated care systems in our region. We will demonstrate our collective impact in a targeted way, highlighting progress and future plans. We will continue to add to and update our extensive library of case studies.

We will give our quarterly reports and monthly stakeholder newsletter a new look. We will focus on extending our portfolio of video content and add to the number of subscribers to our YouTube channel (currently just over 3,000). We will continue to prioritise updates and improvements to our website to ensure it better aligns with our priorities. We aim to increase traffic to the main and patient safety sites which will be measured in higher page view numbers.

We will continue to extend the reach of our social media channels including Twitter and LinkedIn. We will look to increase the number of engagements and profile visits. We will continue to raise the profile of our app and work to expand our presence on Facebook, particularly relating to patient- and public-facing initiatives.

We will capitalise on opportunities to raise our profile as an individual AHSN and as part of the national AHSN Network, for example where we lead regional and national programmes (e.g. asthma biologics) or where we are playing a key national role in spreading improvement and innovation (e.g. mechanical thrombectomy for stroke), developing, and sharing our skills in delivering webinars. We will look to take the best from the virtual events which developed rapidly during the pandemic and restore face-to-face communications where there are clear benefits

## Appendix A – Risks Register & Issues Log

### Risk 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, and ongoing systemic pressures remain challenging in terms of service capacity.	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 ICSSs with improvement and innovation agenda	AHSN needs to engage the leadership of the ICSSs, align ICSS priorities and AHSN work programmes. We need to be the innovation and improvement arm of our three local ICSSs.	Low	Med	Ongoing	The AHSN's COO is meeting the BOB ICSS 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	Overarching comms strategy. Level of engagement monitored across all programme and themes. Website refreshed regularly visits per month increasing. Twitter followers and newsletter subscribers increasing. Oxford AHSN stakeholder survey. Quarterly report sent to all key stakeholders. Electronic Newsletter to stakeholders. Oxford AHSN organise and participation stakeholder events. Participation in ICSS and STPs committee structures. Closer working with Regional NHS/I team and Wessex and KSS. Attendance at Regional Mental Health Board and regional medicines collaborative.	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	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.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	17 March 2020	90% complete	Ongoing
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## Appendix B – Oxford AHSN Trajectories

ADHD	
Quarter	Trajectory
2022/23 Q1	84
2022/23 Q2	193
2022/23 Q3	304
2022/23 Q4	430

EIED	
Quarter	Trajectory
2022/23 Q1	18
2022/23 Q2	33
2022/23 Q3	51
2022/23 Q4	77

FeNo (Devices)	
Quarter	Trajectory
2022/23 Q1	4
2022/23 Q2	8
2022/23 Q3	12
2022/23 Q4	16

FeNo (Tests)	
Quarter	Trajectory
2022/23 Q1	4,114
2022/23 Q2	8,228
2022/23 Q3	12,342
2022/23 Q4	16,457

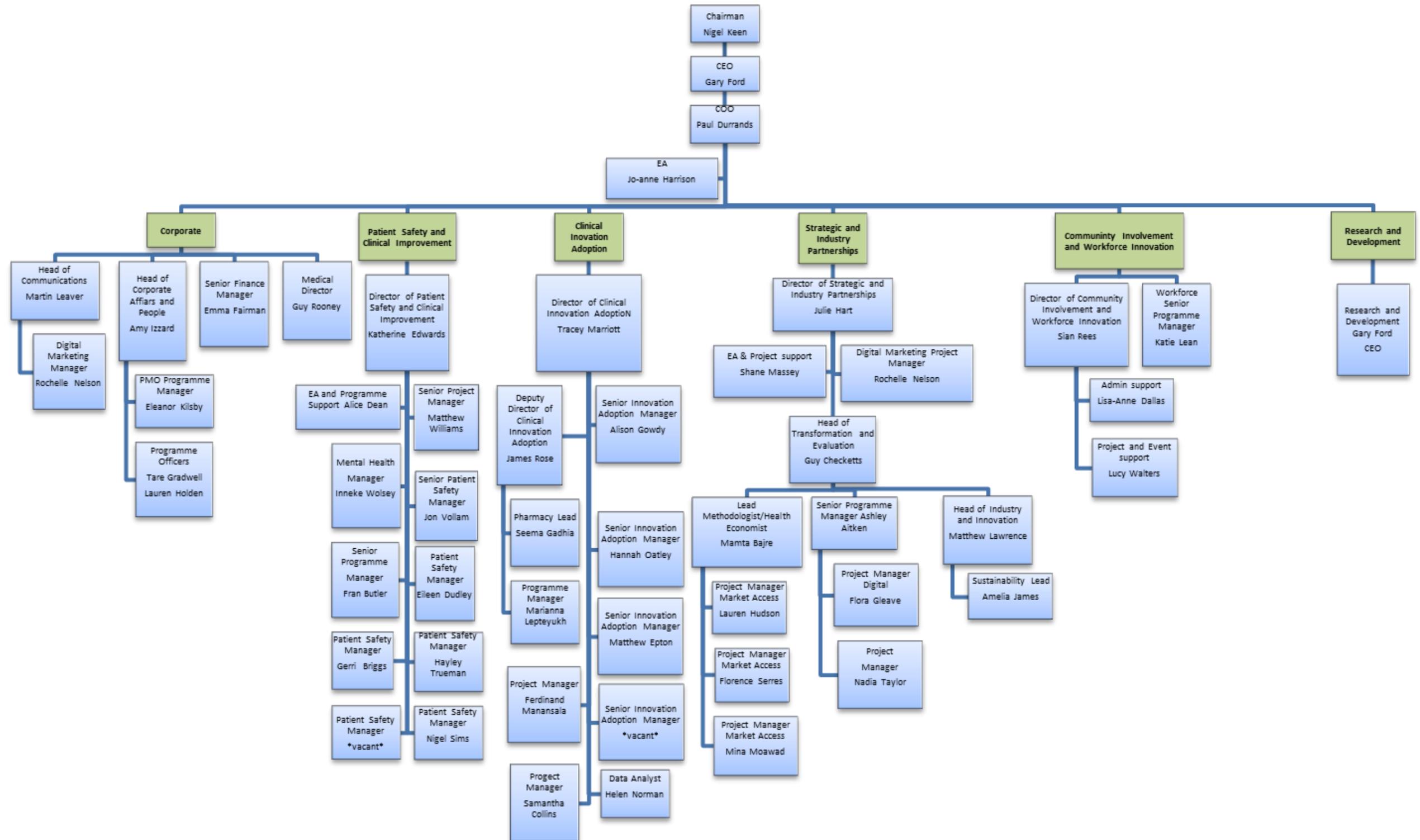
Ezetimibe	
Quarter	Trajectory
2022/23 Q1	26,106
2022/23 Q2	52,212
2022/23 Q3	78,318
2022/23 Q4	104,424

PCSK9i	
Quarter	Trajectory
2022/23 Q1	410
2022/23 Q2	431
2022/23 Q3	453
2022/23 Q4	475

HIST	
Quarter	Trajectory*
2022/23 Q1	66%
2022/23 Q2	68%
2022/23 Q3	69%
2022/23 Q4	71%

\*% of all  
prescribing

## Appendix C – Organisation Structure



# Appendix D – Pipeline Portfolio (shown by clinical priority under each programme)

## Patient Safety and Clinical Improvement



### Maternity and Neonatal Care



### Mental Health



### Other



### Technology Theme

Medicines	
Diagnostics	
Digital Health	
Remote Monitoring	
Artificial Intelligence	
Devices	
Sustainability	
PPIE	
Quality Improvement	
Other	
Pathway transformation	

Local  
Regional  
National



# Clinical Innovation Adoption



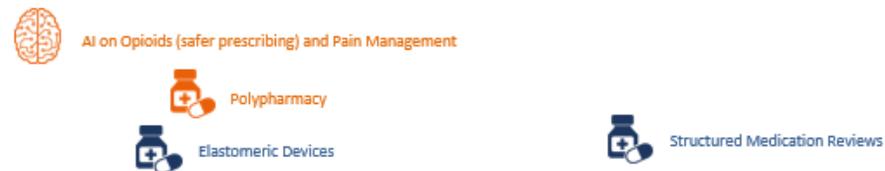
## CVD



## Respiratory



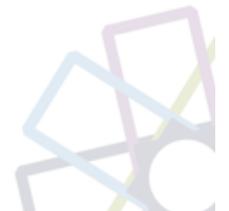
## Meds Optimisation



## Workforce



## Other



## Strategic Industry Partnerships



National Consortium Intelligent Medical Imaging (UKRI)



tAN device for drug-resistant hypertension (NIHR PDA)



Ultramics EchoGo Pro automated analysis of stress echocardiogram (NIHR AI)

### CVD



Caristo FatHealth Cardiovascular Risk Prediction (NIHR AI)



Caristo CariHeart Cardiovascular Risk Prediction (NIHR AI)

### Respiratory



Immune profiling panel for sepsis (EU funding)



BreatheOx Prediction and prevention of asthma attacks in children (NIHR AI)



AZ Turbu+ digital app and smart inhaler ends July 2022 (OLS)

### MatNeo



Smart keycard concept needs analysis (OLS)



U Oxford AI Decision-support for individualised risk assessment of fetal health during labour (NIHR PDA)



NICU canula evaluation (OLS)

### Mental Health



Needs analysis for digital therapeutics (OLS)



U Oxford AI triage-support for individualised risk assessment (NIHR AI)

### Elective Recovery



Peri-operative digital solutions (NHSX)



Ufonia Autonomous telemedicine (NHSX + SBRI)

### Diagnostics



U Reading Rapid POC Antibiotic Susceptibility Test with use case of UTI (NIHR PDA)



MendelScan to identify patients with Rare Disease (CAS GMSA)



POC tests in virtual wards and CDCs / community of interest (OLS)



NELLIHOME AI seizure type diagnosis (NHSX)

### Other



Accelerator alumnaus



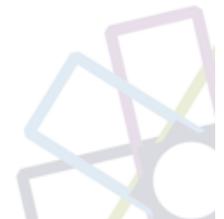
Perspectum MRCP+ advanced biliary visualisation / LiverMultiScan (OLS)



Environmental sustainability (OLS)



MTFM: Surgical innovations, patient experience, specialised treatments, enhanced diagnostics



## Community Involvement and Workforce Innovation



### CVD

 Lipid programme educational materials

 Work with seldom heard communities to better understand their needs

### Mental Health

 The Hill

### MatNeo

 Health Inequalities Training

 Maternity Voices Partnership

### Other

 DeepMed

 Ufonia

 Health Inequalities dashboard

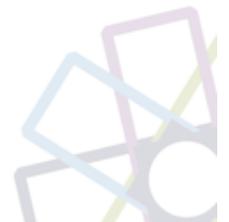
 Training, Development & Support for Projects & Partners

 Pathway redesign  
Flexible working

 eRD

 BOB Enhanced Occupational Health and Wellbeing (HWB) pilot

 Develop an understanding of the development needs for Health and Wellbeing Leads



## Appendix E – Programmes

### Local and Regional Projects

Programme Name	Programme Summary
Adopting Innovation and Managing Change in Healthcare Settings Programme – Local	This program supports the upskilling of the NHS workforce to understand change management, innovation adoption and introduce new ways of improving patient care within the NHS setting.
Afferent - autonomic neuromodulation using trans-cutaneous vagal stimulation in uncontrolled hypertensive patients - Local (Discover)	Medical Device: Autonomic neuromodulation using trans-cutaneous vagal stimulation in uncontrolled hypertensive patients (Funded by NIHR i4i PDA Award). Afferent's Proof of Concept study showed significant reductions in 24-h ambulatory BP following a course of transcutaneous electrical stimulation of auricular sensory innervation treatment in patients with drug-resistant hypertension, and a reduction in the number, and doses, of anti-hypertensive medications taken in patients with uncontrolled arterial hypertension. Partner: Queen Mary, University of London. Stakeholder analysis due April 2022 and health economics report by February 2023.
AffeX-CT – Local	Non-invasive autonomic neuromodulation to reduce BP achieved by transcutaneous electrical stimulation focused on patients with drug resistant uncontrolled hypertension
Albus Home – Local	Small non-contact table-top device using artificial intelligence that monitors respiratory symptoms and environmental metrics to monitor paediatric asthma in the home
Anxiety and Depression (IAPT) Network – Local	This network of NHS delivered psychological talking therapies strives to continuously improve patient outcomes and service delivery through new, innovative, and evidence-based approaches, working very closely with its active Patient Forum
Artificial Intelligence: Clinical Decision Support for Triage in Secondary Mental Health - Local (Discover)	Triage and assessment costs £326 million per year in England. Chronosig will tackle these problems by automating abstraction of patient's EHR and referral documentation without human input reducing triage time and referral bouncing and improving referral appropriateness. The project is a partnership between Oxford Health NIHR BRC and three external collaborating mental health trusts (Nottinghamshire, Southern Health and West London). NIHR AI Award/ OLS licence. Project starts September 2022.
Artificial Intelligence: Decision-support for individualised risk assessment of fetal health during labour - Local (Discover)	This University of Oxford project provides an innovative, data-driven system for individualised CTG analysis to enhance clinical decision-making and avoid foetal damage during labour. The intelligent data analysis software (OxSys) will provide computer-based, real-time estimates of oxygen deprivation risks during labour. Partner: University of Oxford. Funded by NIHR i4i PDA Award. Stakeholder analysis due August 2022 and value proposition report due March 2023.
Artificial Intelligence: Improving seizure detection and analysis at home using Nelli - Local (Develop)	Nelli provides a novel intervention for the diagnosis and management of Epilepsy by enabling clinicians to prescribe and assess the right treatment and identify non-seizure related issues whilst the patient is asleep. For patients and caregivers, it reduces anxiety as they do not need to worry about counting seizures at night and missing vital information. By identifying seizure/non-seizure activity Nelli reduces the need for multiple EEG recordings and possible admission to specialist telemetry units with long waiting times. Partners: OUH and Royal Wolverhampton. Funded by NHSX Digital Health Partnership Award. Health economic and environmental impact assessment due September 2022.

Artificial Intelligence: MendelScan – Local (Develop)	The team will evaluate the use of MendelScan to interrogate patient records in a Primary Care Network (50,000 patients) to flag patients who could potentially have one of twenty rare diseases. Flagged patients will be referred to local NHS Genomics Medicine Service. One key worker in each PCN will be trained in genomics and rare disease management. Identifying rare disease patients sooner will improve patient experience and outcomes and provide cost savings to the NHS. Partners: Buckinghamshire CCG, Central and South Genomic Medicine Service Alliance (CAS GMSA), Wessex AHSN, Health Education England. Awaiting funding from CAS GMSA. PCN engaged.
Artificial Intelligence: Prediction and prevention of Asthma attacks in Children - Local (Discover)	BreatheOx Limited is medical technology spinout company from the University of Oxford that has developed a small non-contact table-top device that monitors respiratory symptoms and environmental metrics without the patients having to do or wear anything. Early recognition and management of deterioration in asthma control can prevent attacks and emergencies. Partners: Imperial College London, Asthma UK, Birmingham Women’s and Children’s NHS Foundation Trust. Funded by NIHR AI Award. Stakeholder analysis complete. Stakeholder workshop due April 2022 and health economic report on observational study due October 2022.
Autonomous Telemedicine (DORA) – Local (Develop)	This project will develop evidence that will support the safe deployment of Ufonia’s automated telemedicine platform to deliver calls to cataract surgery patients at two large NHS hospital trusts. Ufonia proposes to replace routine clinical follow-up with DORA - a natural-language AI assistant delivered via a regular telephone call following cataract surgery. Partners: University of Oxford, Imperial College London, King’s College London, Buckinghamshire Healthcare NHS Trust. Budget Impact model due May 2022. Funded by NIHR AI Award.
Bone Health – Regional	This project is a collaboration between the University of Oxford, PRIMIS and the Oxford AHSN. The project is working with GP practices, initially as a pilot 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.
Cardiosignal – Local	App based detection of AF
CariHeart – Local (Discover)	Real-world impact of AI cardiovascular risk prediction from routine CT scans (Funded by NIHR AI Award). CaRi-HEART from Caristo Diagnostics will benefit individual patients by providing a significant improvement in cardiovascular risk prediction, above and beyond the assessment of clinical risk factors, that are the basis for most current clinically used ‘risk scores’, and from CCTA scans that are already done in accordance with NICE guidelines. Partners: Oxford, Milton Keynes, Leicester, and Wolverhampton. Stakeholder analysis and adoption plan due August 2022.
Community Mental Health Transformation – Local	From Q2 we have attended workshop meetings for the Buckinghamshire community mental health transformation programme to identify opportunities where the Oxford AHSN can support with a quality improvement approach. In Q3 we facilitated a process mapping session focusing on the new pathway for individuals referred into secondary mental health care and the introduction of a single point of access. The session generated good discussion around variation in teams and previously unidentified referral routes that need to be considered. A second session with a wider stakeholder group is planned for Q1 of 2022/23 to review the current map and look at the next steps in the pathway. We will continue to attend the workshop meetings through 2022/23 and to support the programme managers by sharing resources, webinars and documents that inform this work.

Community Mental Health Transformation – Local (Develop)	We are currently attending the Buckinghamshire Community Mental Health Transformation workshops to determine how the AHSN can assist with this work including supporting process mapping of patient pathways within these services, and how any changes may have impact.
Digital Children and Young People (CYP) Project (BOB ICS) – Regional	A CAMHS digital project was initiated at the request of BOB ICS colleagues to conduct an audit of the digital solutions available to young people via CAMHS within the BOB geography and across the country. We are focussing on the Thrive framework model and how digital solutions can support traditional service provision. The work was accelerated in Q3 on request from the BOB ICS Chair for Mental Health.
Digital tools in the depression patient pathway - Local (Discover)	Oxford AHSN will work together with a pharmaceutical company to understand the value of digital tools in the care pathway for patients with depression. Starts 1 April 2022.
EchoGo Pro – Local (Develop)	EchoGo Pro provides automated analysis of echocardiograms for patients undergoing echocardiographic assessment for suspected cardiac pathology. Through specialised image-based machine learning, EchoGo Pro assists physicians identify heart disease risk rapidly to enable appropriate care. Ultromics aims to finish recruiting sites by October 2022, to finish recruiting the full 2,500 participants by December 2022 and have the last participants follow-up visit in June 2023. Funded by NHSX Phase AI Award.
Elastomeric Devices – Regional	Elastomeric devices are small, single use pumps used to administer medication such as IV antibiotics or chemotherapy. They can be used in patients’ homes and 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 to receive IV antibiotics, or to support the prevention of admissions for such patients.
eMaps – Local	eMaps 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.
Environmental Sustainability – Local	Understanding and minimising the environmental impact of AHSN projects and providing environmental sustainability advice to NHS partners
Excellence in heart failure toolkit – Local	Toolkit and business case for spread and adoption presented at South East Regional Medicines Optimisation Committee
Exemplar project for National Consortium of Intelligent Medical Imaging – Local	Exemplar project one for National Consortium of Intelligent Medical Imaging

FatHealth – Local (Discover)	Artificial Intelligence: Cardiometabolic Risk Evaluation using CT (Funded by NIHR Artificial Intelligence in Health and Care (AI Award) - FatHealth, from Caristo Diagnostics detects fat tissue inflammation using new artificial intelligence techniques applied to routine computed tomography ('CT') scans. FatHealth can identify people who may be at risk of developing diabetes, and people with diabetes who are at high risk of death from cardiovascular disease. Partners: University of Oxford, Leeds Teaching Hospitals, Milton Keynes University Hospital NHS Foundation Trust. Stakeholder analysis ongoing due April 2022 and health economics report due November 2023.
HeadStart and RightStart – Local	Point of care diagnostic tests to predict COPD exacerbation and inform use of steroids
Health Inequalities Dashboards – Local	In late 2021, Oxford AHSN commissioned Unity Insights (formerly part of Kent Surrey Sussex AHSN) to scope and develop a series of Health Inequalities dashboards to further understand the demographics and needs of our population starting with a Primary Care view. The dashboards are accessed via an internet browser and use the web-based interactive data visualisation software tool "Tableau".
Heart failure inequalities workstream – Local	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.
IAPT and High Intensity pilots – Local (Discover, Develop)	The network will continue data collection of pilots as part of other projects including the 'Latent Profile 7 project' which is looking where a cohort of patients with similar characteristics who have historically not done very well in Talking Therapies are offered an enhanced treatment package, and 'Blended working' regarding efforts to reduce the number of patients who have to be stepped up to High Intensity treatment where some staff could draw on their training in both Low Intensity and High Intensity training to get patients to recovery and prevent the need for stepping up to step 3. This would improve the patient experience as well as reduce pressure on High Intensity staff caseloads.
Immune Profiling Panel – Local (Discover)	Biomerieux SA has developed the Immune Profiling Panel (IPP), a diagnostic test based on a panel of biomarkers that can assess a patient's immune status. The test gives ICU clinicians information about the immune status of ICU patients and risks of deterioration. Using this information doctors can give personalised care, including preventative measures and specialised treatments. The impact we can expect include shortened ICU stays, improved patient recovery and limited antibiotics use. Partners: Imperial College London, University of Oxford, Assistance Publique - Hôpitaux de Paris, Karolinska Institutet. Funded by EIT Health. Stakeholder analysis complete. Health economics due December 2022.
Intelligent Intermittent Auscultation – Local	The programme aim is to improve safety for mothers and babies in low-risk labour and birth by improving the knowledge, skills and confidence of midwives. Uniquely the programme uses real fetal heart sounds as part of the interactive learning.
IVD: Point of Care testing - Local (Develop)	Evaluation of point of care tests to improve patient flow. For example, high sensitivity troponin real world evaluation of new to market Point of Care test compared to laboratory standard test could reduce costs in A&E due to quicker time to result. D-dimer Point of Care testing in Cardiac Outpatients could help improve the turnaround time of patients and allow for more patients to be seen per clinic during (post-) COVID-19 restrictions. An NT pro BNP test is the first step in the diagnostic pathway for suspected heart failure to triage which patients then require an echocardiogram to confirm a diagnosis of heart failure. Partners: TBD. To start April 2022.

IVD: Point-of-care antibiotic susceptibility testing to aid urinary tract infection treatment using dip-and test microcapillary devices - Local (Discover)	This University of Reading project will develop and evaluate a rapid, portable test that checks for antibiotic drug resistance in bacteria responsible for UTIs so that clinicians can treat the infection with the most appropriate antibiotic drug, maximising the likelihood that the infection will be cleared. Funded by NIHR i4i PDA Award. Project starts April 2022.
Liver MultiScan – Local	Non-invasive diagnostic technology using multiparametric MRI to non-invasively quantify liver tissue
MH training and development of primary care and teaching staff – Local (Discover, Develop, Deploy)	This programme of work will continue to focus on the following projects; PPIPCare (Psychological Perspectives in Primary Care-adults) and PPEPCare (Psychological Perspectives in Education and Primary Care-CYP. These ‘Train the Trainer’ workshops and evaluation are open to all services across Thames Valley and Milton Keynes, PD POP (Positive Outcomes for Personality Disorders), Cancer patient’s psychological needs: supporting the new, integrated cancer care pathway in Buckinghamshire, Support completion of a Staff Wellbeing Strategy for IAPT services
MRCP+ – Local	A non-invasive diagnostic tool (SaaS) providing quantitative reports showing biliary tree metrics - advanced biliary visualisation software
NHSX-AAC Artificial Intelligence in Health and Care Award – Evaluating Brainomix AI Stroke Imaging Technology (2021-Mar 2024) – Regional	Brainomix AI Evaluation: Includes 33 sites across 5 ISDNs (strong ongoing South East engagement). The 1st year of evaluating the Brainomix product has gone well. Given workforce challenges faced by clinicians, engagement has still been positive and has enabled us to work with all except for 3 of the sites that signed up to participate. There have been constructive meetings that throughout the year that have facilitated relationship building with the clinical users, including SE Clinical Leads, Stroke GIRFT, SSNAP, Mechanical Thrombectomy meetings, and approximately 52 ISDNs meetings (except for London and Kent & Medway as they were not set up).
NIHR Applied Research Collaboration, Oxford and Thames Valley working with Oxford AHSN – Local	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
OAHSN Asthma Biologics Dashboard – Local	The OAHSN Asthma Biologics Dashboard to allow others to monitor and communicate the impact of the AB Programme. This has been compiled using data from a variety of sources <i>including Blueteq, NHSBSA Prednisolone, Homecare, Spectra and HCP Training data</i> , enabling us to have this information combined in one place for greater and easier understanding of the data. Further development of this is ongoing.
Osteoporosis – Local	Frailty/medicines optimisation project
OxsBirth – Local	Data-driven system for individualised CTG analysis to enhance clinical decision-making and avoid foetal damage during labour
Paddle – Local	Relapse Prevention/ Staying well app for patients who have received a course of psychological therapy - A smartphone app

Perioperative Adoption Fund - Local (Develop)	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 perioperative (before surgery) care 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. Our role within this consortium is to evaluate the implementation of each of the technologies to support pathway redesign across the ICS. Budget impact model due September 2022.
Peri-operative innovation – Local	Evaluation of innovation for peri-operative pathway to support elective recovery
ReLEAF Seated – Local	Sustainable urinary continence management device
Sentinel+ (AZ) – Local	Quality improvement programme to reduce blue inhaler use
Sleepio – Regional	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.
SSNAP SQL Database – Local	The development of the SSNAP SQL database and is also undertaking preparation work for the new richer dataset we are expecting from HQIP, we have also continued to provide data/charting analysis using the publicly available SSNAP data, allowing others to gain a greater understanding of this data.
Stroke Rehabilitation – Regional (Develop and deploy)	Rehabilitation is a key component of the stroke pathway and a priority area for the Integrated Stroke Delivery Networks (ISDN). Following discussions with Frimley and Surrey Heartlands, and BOB ISDNs, it was agreed that the CIA team will provide support to their rehabilitation programmes of work.
Structured medication reviews – Local	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).
Student mental health - Regional and Local	Approximately 1 in 3 students will experience clinical levels of psychological distress during their time at university. Recent studies have highlighted the impact of COVID-19 on exacerbating the mental health issues of young people and students, such as financial pressures, uncertainty about life after university, inequalities and quick access to effective treatment. NHSE SE Clinical Networks initiated a regional piece of work on student mental health earlier in the year, along with Kent Surrey Sussex AHSN. Participating in this, Oxford AHSN has since begun some scoping work to understand what the student mental health issues are within our local organisations with the thought to developing work in this area.
The Hill - Men's Mental Health – Local (Discover)	Working with Oxford University Hospital's 'The Hill', experts by experience, clinicians and companies we are aiming help facilitate the understanding of challenges, unmet needs and opportunities around seeking and accessing mental healthcare services for men. Companies are then invited to propose solutions. Further fora events to be developed over the next six months for those who would like to follow-up the conversations begun at the workshops and to demonstrate or present other digital solutions that might be relevant to engage with men and support their mental health.
Turbu+ digital app and smart inhaler – Local	Optimise inhaler use and to provide asthma patients with information on their medication use via their mobile phone

## National Projects

<b>Programme Name</b>	<b>Programme Summary</b>
Blood pressure optimisation programme – National programme (Develop and deploy)	The AHSN blood pressure optimisation (BPO) programme supports local systems to ensure that people with hypertension are appropriately monitored and have their blood pressure and broader cardiovascular risk optimised to prevent heart attacks, strokes, and vascular dementia at scale.
CVD Prevention – Lipid Management and Familial Hypercholesterolaemia – National (Deploy)	The aim of the AHSN lipid management programme is to embed the NICE/AAC lipid management pathway into clinical practice and ensure that clinicians are aware and confident to prescribe the appropriate therapy to the appropriate patient cohort. The programme also aims to increase diagnosis rates for familial hypercholesterolaemia (FH).
Deteriorating Patient Safety Improvement Programme – National (Deploy)	During 21/22 we have concentrated on delivery of the phased adoption of deterioration management tools (primarily RESTORE2) and approaches across care homes to support the national ambition of these tools being used in 80% of non-acute settings by March 2024. For Q3 21/22 the region is reporting coverage in 53% of all care homes, with increases being seen in each preceding quarter. We expect there to be continued work in this area, and to continue to support our networks that are aligned to the future aims and ambitions.
First Episode Rapid Early Intervention for Eating Disorders (FREED) – National (Deploy)	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.
Focus ADHD – Introduction of computerised test into ADHD assessment – National (Deploy)	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 was already in place in Berkshire and Oxfordshire CAMHS ADHD Services before the start of the programme in 2019. Buckinghamshire CAMHS has now implemented QbTest at two sites (Aylesbury and Wycombe) and Milton Keynes CAMHS undertook their training in March 2022 and are now using QbTest to enhance and streamline their ADHD assessments. Because of delays in contracting and implementation we are behind the trajectory that we predicted for numbers of test undertaken during 2022/23 in these new sites, however numbers for March and April show that the QbTest is now becoming well established in these services.
Implementation of the Patient Safety Incident Response Framework (PSIRF) - National (Deploy)	The PSIRF is a key part of the NHS Patient Safety Strategy published in July 2019. It supports the strategy's aim to help the NHS to improve its understanding of safety by drawing insight from patient safety incidents.
Medicines Safety Improvement Programme – National (Develop and deploy)	This programme is currently under review. We will work with our commissioners and key stakeholders to plan activity in this area.
MedTech Funding Mandate (MTFM) 2022/23 – National (Deploy)	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. Existing MTFM – SecurAcath, Placental Growth Factor (PIGF), Heartflow, gammaCore. New MTFM – Xpress, Spectra Optia, Thopaz +, Urolift, GreenLight XPS, Rezum, PLASMA system

Mental Health Patient Safety Improvement Programme (MH SIP) – National (Deploy)	The emphasis of the MH SIP throughout Q4 was Reducing Restrictive Practice (RRP) and local engagement and discussion regarding improving sexual safety. Wards continued to experience the challenges of Q3; pressures on Trusts from Covid, staffing vacancies/use of bank staff and staff turnover. Covid pressures started to ease in March. The number of wards involved in RRP did not increase from Q3 to Q4 and remained at 6 including Q4 confirmation of a request from OH that we support a third ward.
NIPP - National (Deploy)	NIPP funding has been extremely helpful for evaluation and quality improvement work required for delivery of the TIA Clinics and services – and for bringing together academia with frontline deployment challenges. The current project is being delivered jointly with Oxford ARC and the CIA team and will benefit all services in the Southeast initially, with the objective to spread nationally
Polypharmacy – Local programme 21/22, moving to national programme for 22/23 - National (Develop and deploy)	As of April 2022, Polypharmacy: Getting the Balance Right has been adopted as a national programme to be delivered by the AHSN Network. Oxford AHSN is in phase 1 of implementation. The local programme has been adapted to incorporate the national programme activity.
Rapid Uptake Products - National (Deploy)	The Rapid Uptake Products (RUP) programme has been designed to support stronger adoption and spread of proven innovations. It identifies and supports products with NICE approval that support the NHS Long Term Plan’s key clinical priorities but have lower than expected uptake to date. RUPs - PCSK9i, High Sensitivity Statins, Fractional exhaled Nitrous Oxide (FeNO), Ezetimibe, Asthma Biologics. New RUPs - Dapagliflozin, Lusutrombopag / Avatrombopag, Buprenorphine prolonged release solution for injection, Sodium zirconium cyclosilicate, Siponimod, Liraglutide, Pembrolizumab.
Reducing inappropriate high dose opiate prescriptions for non-cancer pain - National (Develop)	The AHSN network has developed a whole systems approach to reducing harm from opioids to support local approaches to helping people live well with chronic non-cancer pain.
Transforming Wound Care - National (Develop and deploy)	In 2022/23 we will be starting a programme of spread and adoption of the National Wound Care Strategy Programme as an evidence-based solution to improve Lower Limb Wound Care. We will be working with ICS and Trust stakeholders to develop effective delivery to reduce leg ulcer prevalence and reduction of cost in care. More precise aims will be worked up as the programme starts in Q1
Virtual Wards - National (Develop and deploy)	Supporting the rollout of Virtual Wards and their industry engagement