



*The **AHSN** Network*

National Project Portfolio

For the quarter ending 30 June 2022



National Project Portfolio

Programme	Programme Details	RAG	ICS
Blood pressure optimisation programme – National programme (Develop and deploy)	<p>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. The objectives of the programme include:</p> <ol style="list-style-type: none"> 1) Supporting PCNs to implement the UCLP proactive care framework for hypertension (or analogous framework) to optimise clinical care and self-management in people with hypertension 2) Support PCNs to increase detection of people with hypertension through case-finding interventions 3) Support ICSs to reduce health inequalities by targeting the 20% most deprived populations and other local priority groups. <p>Q1 Update (Q1 Specific activity/delivery/milestones) Programme was presented at CVD boards at each ICS. Target practices and PCNs, aligned with inequality, have been identified. The AHSN is supporting two BLMK PCNs with implementation of the Florence digital system to support hypertension home monitoring. The AHSN is also supporting PCNs in BLMK and Frimley to develop a robust approach to case finding and optimisation.</p>	Green	BOB BLMK
CVD Prevention – Lipid Management and Familial Hypercholesterolaemia – National (Deploy)	<p>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).</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones)</p> <ul style="list-style-type: none"> - Regional lipid management webinar (collaboration with KSS and Wessex) delivered to circa 200 attendees. The webinar covered the new lipid management pathway, statin intolerance, novel products and local case studies. Feedback was excellent. - Establishment of a lipid management pathway mapping exercise for Frimley ICS (collaboration between the ICS and Novartis). This is expected to be implemented in Q2 - Lipid management review with BOB ICS where the results of the PCSK9i pilot projects were presented and a discussion held on how the AHSN could support the ICS going forward. This will include the development of an education programme and an offer around secondary prevention. - Discussions held with BLMK ICS over the community lipid service and pathway mapping around FH - Agreement to support BLMK ICS with developing a centralised resource to support PCNs and practices with implementing lipid optimisation work - The NHS digital tool for lipid optimisation was launched. Work undertaken by the AHSN to understand the tool and how it differs to others available. - Small interactive workshop with patients in June 2022 looking at the shared decision making tool currently in development by Darren Flynn, looking at lipid management and statin prescription. This was in collaboration with NENC. - 3 x lipid public partners have been transferred across to OxAHSN following restructuring of the national programme. 	Green	BOB BLMK Frimley
Inclisiran - National (Deploy)	<p>Inclisiran forms part of the national AHSN lipid management pathway but is reported separately as it is a separate commission. Inclisiran is a novel lipid management therapy that was introduced into the lipid management pathway in November 2021. The AHSN role is support the adoption of inclisiran through identifying barriers and addressing these.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) Much of the inclisiran activity is encompassed in the general lipid management update (above). Additionally:</p> <ul style="list-style-type: none"> - Work underway to explore local enhanced service for inclisiran, in line with other injectable therapies - Support provided to national task and finish group for developing third party supplier offer - Fortnightly meetings with Novartis team to ensure coordination of support to systems - Working with systems to explore why the majority of orders are via retail pharmacy rather than via practice - 106 orders across the AHSN region with 37 PCNs prescribing 	Amber Orders for Inclisiran are significantly below the planned trajectory. This is in line with the national picture and is being addressed at a national level.	BOB BLMK Frimley



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<p>Deteriorating Patient Safety Improvement Programme – National (Deploy)</p>	<p>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 Q4 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.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) Oxford University RESTORE2 Evaluation continues to progress with survey component sent out Jun 22. Training continues in all areas albeit at a reduced rate, with significant delays observed in Oxfordshire. Changes to training data collection in Bucks (by commissioned provider) may negatively impact on reporting accuracy.</p>	<p>Amber</p> <p>Oxfordshire has to-date only trained 4 Care Homes in the county as part of a pilot programme. This has been delayed as it relies on face to face delivery and has been interrupted by limited resources and continued Covid outbreaks in participating homes. The second stage of the pilot will be augmented by AHSN commissioned training and is expected to accelerate roll-out.</p>	<p>BOB Frimley</p>
<p>First Episode Rapid Early Intervention for Eating Disorders (FREED) – National (Deploy)</p>	<p>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.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) FREED continues to be delivered in Berkshire and Buckinghamshire Eating Disorders services. Berkshire ED Service assessed 11 patients in Q1 with 4 commencing FREED treatments (the other 7 patients began treatment with first steps groups within 2 weeks of assessment, i.e. a treatment/activity that is suitable for the young people but does not qualify as a “FREED treatment”). Buckinghamshire ED Service assessed 9 patients in Q1. 7 of those assessed began FREED treatment. 4 additional patients also joined the Bucks FREED pathway (i.e. a total of 11 patients beginning FREED treatment in Q1 in Bucks). The total number of patients assessed for FREED within Oxford AHSN geography in Q1 is 20. The total number joining the FREED pathway is 15. Conversations with Oxfordshire ED Service have continued with a view to establishing a service in Q3 (in Q2 depending on activity over the summer).</p>	<p>Green</p>	<p>BOB Frimley</p>
<p>Focus ADHD – Introduction of computerised test into ADHD assessment – National (Deploy)</p>	<p>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 has also implemented.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) All of the CAMHS teams in the Oxford AHSN region are now using QbTest to enhance and streamline their ADHD assessments. Numbers of tests for April and May show that the QbTest is now becoming well established in these recently implemented teams and trajectory for Q1 exceeded in 2 months.</p>	<p>Green</p>	<p>BOB BLMK Frimley</p>



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Implementation of the Patient Safety Incident Response Framework (PSIRF) - National (Deploy)	<p>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.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) In Q1 we have made links with relevant parties in each ICS, and are starting a steering group with the South East Region in order to prepare our approach in advance of the upcoming publication of PSIRF guidance</p>	Green	BOB Frimley
Medicines Safety Improvement Programme – National (Develop and deploy)	<p>Commission for 2022/3 is focused on reducing harm from opioids prescribed for non-cancer pain.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) We have made good links made with Medicines Safety leads at Frimley ICS, and agreed to support the work of their newly formed Opioids subgroup. We are working on a report for them based on data from the newly published ePACT2 Opioids Prescribing Dashboard to identify key areas of concern.</p>	Green	Frimley
MedTech Funding Mandate (MTFM) 2022/23 – National (Deploy)	<p>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</p>		
Mental Health (MH) Patient Safety Improvement Programme – National (Deploy)	<p>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.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) Mental Health Safety Improvement Programme (MH SIP) Reducing Restrictive Practice: All three MH Trusts are engaged with the MH SIP. However Berkshire Healthcare which is working on RRP with some of its wards does not want support from the AHSN. CNWL Milton Keynes Hazel ward are the most advanced project. They have made good Q1 progress after multiple difficulties in Q4. We have supported them with weekly project meetings and attending staff training sessions. They will present their RRP project to the MHC South of England Learning Event 12 7 22. Oxford Health have had a productive Q1. We support their 2 Buckinghamshire wards (Ruby & Sapphire) with weekly on-site project meetings and achieved a half day workshop for both wards to prioritise their PDSAs (which begin early July). OH have expanded in Q1 the number of wards we can support with 3 Forensic wards (Watling, Kestrel & Wenric). We have supported Kestrel with fortnightly on-site project meetings and are close to redesign of their driver diagram (they are the only ward we work with who have good data analysis support). Watling - we have supported awayday to re-launch their project and 10 week baselining begins 4 7 22. Wenric has been slow to start despite virtual meetings. Further meeting 8 7 22 to try to start support. MH AHSN Steering Group meet in June. We interviewed staff in Milton Keynes about restrictive practice and developed/undertook a survey from these themes. Report highlighted areas of improvement and possible solutions. Fed back to interviewees and project team.</p>	Green	BOB BLMK Frimley



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<p>NIPP - National (Deploy)</p>	<p>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.</p> <p>Prior to the pandemic patients with symptoms of suspected TIA or minor stroke were usually seen face-to-face by a healthcare professional in a dedicated clinic. At the start of the pandemic, the Oxford AHSN and the Getting It Right First Time (GIRFT) programme produced guidance to help stroke services rapidly adapt and reduce the risk of infection. This included advice on developing virtual clinics based on the experience of early implementers in the NHS.</p> <p>Some services have now reverted to pre-pandemic ways of working while others have retained all or some virtual care provision. There is an urgent need to understand the benefits and potential risks of the virtual model of care – and the reasons behind some services returning to pre-pandemic care models.</p> <p>The project team is working closely with the five Integrated Stroke Delivery Networks (ISDNs) which cover the South East region – and the NHS organisations within them.</p> <p>The aim is to produce a 'rapid insights' guide for healthcare staff, service providers and NHS commissioners highlighting good practice and opportunities for quality improvement.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) NIPP TIA - appointed 2 public partners to sit on the steering and working group of this project recruited. Theory of change workshop held (April '22) Methodology and project plans developed for the three workstreams (Mapping study, Care pathways and Views study) Ethics application progressing</p>	<p>Green</p> <p>Two PPI members were recruited. Theory of change workshop held (April '22). Methodology and project plans developed for the three workstreams (Mapping study, Care pathways and Views study) Ethics application progressing.</p>	<p>BOB BLMK Frimley Kent & Medway, Sussex</p>
<p>Polypharmacy – National (Develop and deploy)</p>	<p>As of April 2022, Polypharmacy: Getting the Balance Right has been agreed as a national programme to be delivered by the AHSN Network. Oxford AHSN is in phase 1 of implementation. The core principle of the programme is to support local systems address problematic polypharmacy through establishing a community of practice; A community of practice; Population Health Management (Pillar 1); Education & Training (Pillar 2) and Public Behaviour Change (Pillar 3).</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) Scoping and engagement carried out with BOB ICS, Frimley ICS and BLMK ICS. Ongoing discussions to agree the ALS trainer with BOB ICS, Frimley ICS and BLMK ICS. Date confirmed for the first CoP for Frimley ICS (September 2022). Planning for Patient Focus Group for Patient facing campaign is underway.</p>	<p>Green</p>	<p>BOB BLMK Frimley</p>
<p>Reducing inappropriate high dose opiate prescriptions for non-cancer pain - National (Develop)</p>	<p>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.</p>	<p>Green</p>	<p>BOB BLMK Frimley</p>
<p>Transforming Wound Care - National (Develop and deploy)</p>	<p>In 2022/23 we have started 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.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) Discussions with Frimley ICS who are keen to take this forward as our TES (Test and Evaluation Site) for phase 1. Engagement with national team and other Phase 1 AHSNs via 'Learn and Share' sessions and Community of Practice meeting, also engagement with reviewing Implementation Guide, Application form and other Programme documents.</p>	<p>Green</p>	<p>Frimley</p>



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Virtual Wards - National (Develop and deploy)	<p>The 5-year vision for the ICS is that a fully integrated virtual ward (VW) and virtual care (VC) pathway will be in place across the BOB area. All VW and care home residents support will be optimised through technology which ensures that patients are able to be safely treated in their home wherever possible and are monitored for improvement or deterioration across the long-term condition spectrum including frailty on a 24-hour basis. The integrated pathway will ensure that patients who are 'at risk' of hospital admission while under VC can be transferred to the VW and be under consultant level care without ever leaving their usual place of residence. They will then be seamlessly discharged back to the care of their GP/local MDTs or carers with appropriate follow-up arrangements in place. The success of this approach will be evaluated within the first year of operation to inform the future funding from 24/25. Throughout the programme the ICS will compare outcomes, capacity and flow, cost efficiency and ensure value for money is maximised across the ICS. Our programme is clinically driven with Dr Syed as our VW Clinical Lead and with the nationally recognised expertise of Professor Lasserson.</p> <p>BOB will prioritise patient cohorts for a) admission avoidance opportunities and b) early discharge opportunities and ensure a particular focus on care home residents testing out two models of care to demonstrate the most effective ways to support acute flow between Hospital@Home (H@H) and VW.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) Bought together all place teams to agree on an overall strategy, workforce and funding model -Submitted Service Development Fund application (SDF) to NHS for over £12 million funding over the next two years - Agrred work pacjage structure and dision of labour between partner organisations -Overarching programme plan underway</p>		<p>BLMK</p> <p>Frimley</p>
Maternity and Neonatal Safety - Deterioration - National (Deploy)	<p>New National Maternity Early Warning Score tool designed to focus on early identification, escalation and response to deterioration in pregnant women. Currently in Phase 1 of pilot testing</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) Oxford and Buckinghamshire are pilot sites for the MEWS Chart</p>	Green	BOB
Maternity and Neonatal Safety - Preterm Optimisation - National (Develop and Deploy)	<p>Q1 Update (Q1 Specific activity/delivery/milestones) We have good engagement with BOB, Frimley ICS and Milton Keynes. Good response rates across the South East from the PTB staff surveys across the L2 &L3 units.</p>	Green	BOB BLMK Frimley
Rapid Uptake Products - PCSK9i - National (Deploy)	<p>AAC RUP (forms part of the national lipid management programme)</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) This forms part of the national lipid mangagement programme - commentary given above.</p>	Green	BOB BLMK Frimley
Rapid Uptake Products - High Intensity Statins - National (Deploy)	<p>AAC RUP (forms part of the national lipid management programme)</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) This forms part of the national lipid mangagement programme - commentary given above.</p>	Green	BOB BLMK Frimley



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Rapid Uptake Products - Fractionally exhaled Nitrous Oxide (FeNO) - National (Deploy)	<p>AAC RUP - 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.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) Frimley ICS and MK are now both engaged. We are in the process of agreeing which PCNs should benefit in line with great Health Inequalities and backlog of Asthma reviews.</p>	Green	BOB BLMK Frimley
Rapid Uptake Products - Ezetimibe - National (Deploy)	<p>AAC RUP (forms part of the national lipid management programme)</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) This forms part of the national lipid management programme - commentary given above.</p>	Green	BOB BLMK Frimley
Rapid Uptake Products - Asthma Biologics - National (Deploy)	<p>AAC RUP - Asthma Biologics programme, the programme is aiming to improve care for severe asthma patients through earlier identification of patients with uncontrolled asthma and treatment escalation to biologics for appropriate patients.</p> <p>Q1 Update (Q1 Specific activity/delivery/milestones) National. Appointment of new clinical champions for Year 2. Successful launch of AAC Consensus Pathway for uncontrolled and severe asthma as an interactive PDF at the Confed Expo. System-wide engagement with partner organisations (PCRS, BTS, Asthma and Lung UK, ARNS) to raise awareness and support engagement. Delivered dedicated session with Asthma Biologics AHSN leads to support implementation of the Consensus Pathway. 1:2:1 follow up meetings with PTF sites underway. Submitted abstract (Title: 'Assessing variation in severe asthma care in England: a national benchmarking study') for BTS Winter meeting 2022. Currently actuals have tracked planned trajectories. As of April '22, month 1, the Asthma Biologics RUP has achieved 97.7% and in May '22, month 2 achieved 99.3% of YTD trajectory. Local. The Oxford AHSN team continued to work with partner organisation Oxford University Hospitals NHS FT on the delivery of the PTF Project ISAC (Integrated Severe Asthma Collaborative) across BOB ICS. Successful on-boarding with additional practices across defined 9 PCNs. 36 practices across BOB ICS signed to use SPECTRA tool. Steady progress made in picking up, reviewing and referring uncontrolled patients from primary care into severe asthma centre. More patients receiving biologics treatment. ISAC team has successfully received FeNO training. Procurement of additional 5 FeNO machines and agreed schedule for the training with the practices. Supported in the development of a short patient questionnaire and outline for interviews with practice staff. Devised the documentation to aid the transition of 4 x public partners from the national work to Wessex/Oxford AHSN</p>	Green	BOB BLMK Frimley