



*The **AHSN** Network*

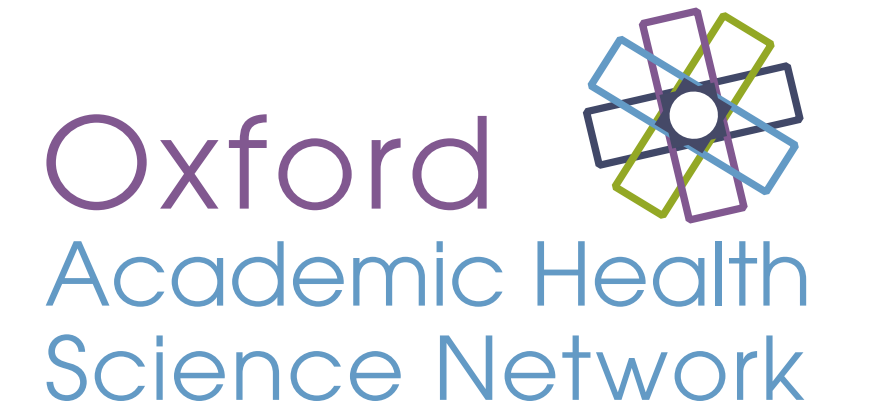
# Q1 Report

For the quarter ending 30 June 2022



# Contents

Q1 Report: For the quarter ending 30 June 2022



Scoping digital support for children and young people's mental health

Transforming asthma care through system-wide collaboration and innovation

Q1 Highlights

Q1 Highlights

Risk Register

Oxford AHSN Case Studies Published in Quarterly Reports (2018 – 2022)



# Chief Executive's summary

Our focus this quarter has been to develop closer working with the three Integrated Care Systems we support with a focus on developing new care pathways and adopting products that will improve the health outcomes of our most challenged communities and reduce health care inequalities. The Accelerated Access Collaborative has developed a Health Inequalities Programme (InHIP) to replace the current Rapid Uptake Products programme. The programme will be delivered in partnership between AHSNs and Integrated Care Systems focusing on reducing healthcare inequalities by enabling improved patient access to product-based innovation, based on local ICS Core20PLUS5 priorities.

The case studies this quarter illustrate our work in mental health and respiratory disease, two clinical priority areas which are major drivers of health care inequality. At the request of the BOB ICS mental health team we undertook a horizon scanning exercise for digital solutions for children and young people's mental health services. In collaboration with Wessex AHSN we are supporting the development and implementation of asthma pathways, FeNO asthma diagnostic tests and asthma biologic drugs to improve outcomes for people with severe asthma across England.

I joined Matt Whitty, NHS England Director of Research, Innovation and Life Sciences, on the last of his visits to all 15 AHSNs. At the visit to North West Coast AHSN, prior to the NHS Confed Expo conference. we were joined by Amanda Pritchard and Tim Ferris, NHSE National Director of Transformation enabling them to see the depth and range of AHSN contributions to innovation and improvement in the NHS and the support they give to innovators in industry, academia and the NHS. The AHSN Network had a strong presence at the conference with presentations from our national programmes and 20 innovator stands which were well attended by delegates.

At a national level in my capacity as the AHSN Network Chief Officer lead for cardiovascular disease I have been closely involved in supporting better implementation of lipid lowering therapies and new pathways of care to obtain highest value from the novel lipid lowering therapy Inclisiran. A new governance structure has been implemented with the establishment of a national clinical leaders' group bringing in support of National Clinical Directors and GIRFT leads and senior oversight group chaired by Lord Kamall, Parliamentary Under Secretary for Technology, Innovation and Life Sciences.



# Chief Executive's summary

As AHSN Network Chair my other area of focus has been discussions with our commissioners on how AHSNs can increase their impact and support in the next licence period. AHSN Chief Officers and commissioners met for two days to identify priorities and direction for the new AHSN licence period. There will be a closed tender process with AHSNs submitting documentation in September. We anticipate confirmation in December of a further five-year licence for AHSNs from April 2023 and details of the future role and responsibility of AHSNs in the research innovation ecosystem from.

Health and social care services face challenges greater than at any time since the NHS was established. We need to develop new ways of working and use technology to enable health and social care professionals to deliver personalised care more efficiently, ensuring we learn from past experience. Forty years ago as a newly qualified doctor I recall disabled stroke patients languishing in acute medical wards waiting many months for discharge into the community. Outcomes for stroke were transformed though a combination of investment in research and deployment of cardiovascular prevention therapies, stroke units, acute reperfusion therapies, and community stroke teams supporting patients reintegrate into their community. A similar strategic approach is needed to the challenges we face today in areas such as mental health and multiple long term conditions/frailty to improve the outcomes for these populations.

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

**Chief Executive Officer, Oxford Academic Health Science Network and Chair of The AHSN Network**





# Case Study 1

Theme/Patient pathway: Digital / Mental Health (Clinical Innovation Adoption)

## Scoping digital support for children and young people's mental health

The average wait for a child to receive support from specialist mental health services in 2020 was more than a year. This average figure masks significant regional variation and has been further exacerbated by the pandemic. To better support young people with their mental health, Child and Adolescent Mental Health Services (CAMHS) might be able to deploy digital offers at various points of their pathway - whether this is while they are waiting for an initial assessment, support during treatment or maintaining wellbeing after treatment. Although it is widely acknowledged that digital has a role to play in the future of healthcare delivery, further understanding is required around which products might be the most suitable and safest, how these are to be adopted and how they might best support clinicians, young people and their parents and carers to improve outcomes. Oxford AHSN has been working with commissioners and providers in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) to support transformation of services for children and young people's mental health, with a particular focus on scoping digital support.





# Case Study 1

Theme/Patient pathway: Digital / Mental Health (Clinical Innovation Adoption)

## What is the challenge?

Over the past decade, NHS mental health service providers have adopted digital mental health provision in a piecemeal way, selecting and developing those products that – at a particular point in time – best met the needs of services and were deemed suitable to be commissioned.

The advent of integrated care systems has presented an opportunity to review existing offers and explore potential synergies and opportunities for identifying and commissioning innovations that address gaps in provision. The challenges faced across the health system include the sheer variety and number of digital health offers currently available, the absence of a commonly understood system for identifying the safest and most efficacious digital treatments, issues around interoperability and procurement processes and the often limited technical knowledge of clinicians who, primarily, wish to offer the most appropriate treatments to their patients using their expert clinical knowledge.

## What did we do?

In November 2021 the Oxford AHSN was approached by the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) to support their workstream for transforming services for children and young people's mental health, driving change and improvement using digital options and solutions. Over the past six months the BOB ICS and NHS trusts providing mental health services in the region have been working together to understand how best to meet the challenge of the growing emotional wellbeing and mental health needs of children and young people.

This has included engaging with clinicians from across CAMHS services to seek their input as well as colleagues from across the national AHSN Network. Initially this involved gathering information about digital approaches commonly used or identified as being desirable across the country. Subsequent desk research was undertaken to identify what is available for those aged under 18 years to include current available evidence, details of adoption and commissioning models or approaches and where each offer sits within the i-THRIVE model. Once an initial list was compiled, the Oxford AHSN began a series of online interviews with developers of digital to gather additional insights and information about products and any planned or proposed developments to them over the next 18 months. Subsequent engagement with clinicians and, separately, with young people was conducted in June 2022 to better refine what might be required to make this process acceptable and successful in practice.



# Case Study 1

Theme/Patient pathway: Digital / Mental Health (Clinical Innovation Adoption)

## What has been achieved?

An initial report including 22 potential digital innovations was presented to BOB ICS colleagues. The information gathered from interviews with the creators of these products has been added to a spreadsheet which allows ICS colleagues to navigate and interrogate this material to identify potential products based on local needs. A webinar delivered by BOB ICS and the Oxford AHSN took place on 30 June 2022 shared learning so far from this project. More than 90 people registered to either attend live or receive a recording of the 90-minute session.

## What people said



"Working with Matt and Lauren from the Oxford AHSN has been a positive experience. Engaging the AHSN has allowed us to gather a wealth of information which we will use to develop a coherent strategy for a digital offer to children and young people. Our collaboration has developed and grown in response to our findings and the information gathered, including from clinicians and from local youth boards and events involving young people such as the Oxfordshire Youth Summit."

**Andy Fitton, Head of CAMHs and Eating Disorder Transformation, Oxford Health NHS Foundation Trust**



"Presenting our work - together - via a jointly branded webinar allowed us to promote the benefits of collaboration as well as what we've discovered so far. Although this work was originally intended to respond to local needs and intelligence, we look forward to Matt and Lauren sharing the collated knowledge - through a report and the spreadsheet that informs it - across the country to benefit the whole health system."

**Mairi Evans, CAMHS Senior Responsible Officer for Buckinghamshire, Oxfordshire and Berkshire West**

## What next?

A report of the findings from this work is due to be published within the next month and engagement with the BOB ICS is ongoing. Key learnings and resources from this work will be spread to other ICS areas within the Oxford AHSN region and further afield.

## Contact

**Matt Williams, Digital Health Engagement Manager** [matt.williams@oxfordahsn.org](mailto:matt.williams@oxfordahsn.org)



# Case Study 2

Theme/Patient pathway: Asthma / Clinical Innovation Adoption

## Transforming asthma care through system-wide collaboration and innovation

The Oxford and Wessex AHSNs are leading on two national programmes which are benefiting thousands of asthma patients. The two neighbouring AHSNs are taking an increasingly joined up approach in supporting system-wide collaboration and innovation in all asthma pathways. These initiatives, commissioned by the NHS in line with national priorities, are leading to improvements in outcomes and quality of life for many people. More appropriate diagnosis, management and referral of patients needing further specialist input is helping to reduce asthma attacks, asthma-related hospital admissions and the use of steroids, known to have long-term side-effects.







# Case Study 2

Theme/Patient pathway: Asthma / Clinical Innovation Adoption

## What is the challenge?

Improving outcomes in respiratory disease is identified as a clinical priority in the NHS Long Term Plan. More than five million people in the UK have asthma, with the NHS spending over £1bn per year on asthma, 90% of which is on medication. Asthma can be difficult to diagnose, and misdiagnosis can be common. Severe asthma, a specific type of asthma which is difficult to control even with optimised inhaled asthma medication, is known to affect approximately 200,000 people in the UK. Many of these patients live with poor asthma control typified by emergency trips to hospital, intensive care and regular doses of strong oral corticosteroids which are known to have serious side-effects. Asthma biologics can have a life-changing impact on some patients with severe asthma. They work in a targeted way by disrupting pathways causing airways inflammation, helping to manage symptoms, reduce relapses and scale back reliance on steroids. The National Institute for Health and Care Excellence (NICE) estimates that more than 54,000 patients in England currently suffering with severe asthma would benefit from an asthma biologic medicine – but only around one in five currently do so.

## What did we do?

The NHS Accelerated Access Collaborative (AAC) works with AHSNs and other partners to speed up the spread and adoption of proven technological innovations and treatments which are approved by NICE, but not yet integrated into everyday practice. The AAC Rapid Uptake Products programme identified wider access to asthma biologic medicines and expansion of FeNO (Fractional exhaled Nitric Oxide) testing – devices which measure nitric oxide in exhaled breath, which support asthma diagnosis – as two key priorities in improving asthma care. In 2021 the Oxford AHSN took the national lead for asthma biologics with Wessex AHSN leading nationally on the FeNO programme. The AHSNs supported system-wide collaboration and innovation on a national, regional, and local level to integrate these innovations into everyday practice.



# Case Study 2

Theme/Patient pathway: Asthma / Clinical Innovation Adoption

## This included:

- providing clinical leadership
- developing supporting materials for those involved in delivering asthma care
- creating patient resources (many of them in seven languages in addition to English)
- sharing best practice
- supporting engagement activity.

The AHSNs have taken a flexible approach, adapting to meet the needs of clinical teams, focusing on pathways rather than products and collaborating with industry partners. Online toolkits were developed to provide a single repository for colleagues looking to drive implementation.

## What has been achieved?

When looking at the impacts and metrics that the programmes are tracking several positive benefits to patients, systems and the workforce have been recognised.

### FeNO testing programme:

- More than 100,000 patients benefiting nationwide following use of FeNO device
- More than 2,000 hours of staff training
- More than 3,000 views of patient video
- More than 8,000 monthly web page views.

### Asthma biologics programme:


- More than 2,000 new patients initiated on life-changing asthma biologics
- More patients self-administering biologic medication for their asthma
- Fewer patients receiving high dose (3g or more) oral steroids each month
- More than 8,000 users of the asthma biologics online toolkit
- More than 1,000 healthcare professionals attending educational webinars
- Consensus pathway launched at NHS ConfedExpo, June 2022 – first-of-its-kind guidance document for clinicians, commissioners and all involved in asthma care, a best practice blueprint across the entire patient journey.



# Case Study 2

Theme/Patient pathway: Asthma / Clinical Innovation Adoption


## What people said

 "I have seen how biologics can transform the lives of people with severe asthma and this pathway is an important step in optimising access for people who will benefit from them."

**Professor Andrew Menzies-Gow, National Director for Respiratory Services, NHS England/Improvement**

 "By continuing to work together, we will ensure that more people with severe asthma are able to access high quality care and benefit from life-changing treatment."

**Professor Gary Ford, Chief Executive, Oxford AHSN, and Chair of the national AHSN Network**

 "I hope the consensus pathway will shape discussions and guide the development of asthma pathways at a local and regional level."

**Dr Hitasha Rupani, Pathway Lead and Clinical Champion for asthma biologics programme and Respiratory Consultant at University Hospital Southampton**

 "The freedom I got from biologic therapies both physically and mentally was amazing."  
**Jo Beecroft, severe asthma patient**

## What next?

Through 2022/23 the Oxford and Wessex AHSNs will continue to work across the AHSN Network with NHS and industry partners to grow, expand and widen the impact of these two initiatives to transform asthma pathways and benefit even more patients. These programmes are contributing to reducing underlying health inequalities in access to treatment.

James Rose, Interim Director of Strategic and Industry Partnerships

[james.rose@oxfordahsn.org](mailto:james.rose@oxfordahsn.org)



# Operational Review

Regarding programmes rolled over from last year, ADHD trajectory has been delivered and Qb has been adopted by all services in the region. Inclisiran continues to be a challenge in terms of trajectories – the resource requirement for GPs to identify, coordinate and engage patients is excessive given their very busy workload. Covid is impacting engagement on the deterioration workstreams.

The team has been initiating the new national programmes and starting engagement with system leaders. We collaborate with our neighbouring AHSNs to share best practice, e.g. lipid management, patient safety, and our collaboration with Eastern AHSN is ensuring that BLMK ICS is getting well supported with innovation and improvement; e.g., Oxford AHSN is leading on lipid management, asthma biologics and Eastern AHSN will lead on Transforming Wound Care and Innovation for Health Inequalities programme (InHIP) for BLMK. Polypharmacy initiation and engagement has started strongly. Along with KSS and Wessex AHSNs we will commission a health inequalities dashboard for polypharmacy, adding to our other dashboards. We have appointed a lead for Transforming Wound Care and Frimley ICS is showing a lot of interest in the programme.

The AHSN Board and the regional team approved the AHSN's business plan. The regional team signed off the LIPs for PSC and OLS.

We are contributing to the development of the BOB ICS strategy. During the quarter, the Oxford AHSN presented the findings of a review of digital solutions for CAMHS to all 15 AHSNs and other stakeholders, a project initiated by BOB ICS (see case study 1 above).

We are working with BOB and Frimley ICSs on InHIP and engaged with the Office for Health Inequalities and Disparities.

We managed the Virtual Wards/Care submission documents for BOB ICS and are managing the implementation team for BOB ICS.

A full view of the Oxford AHSN portfolio for Q1 is available on our website.





# Operational Review

Julie Hart retired as Director of Strategic and Industry Partnerships. I would like to thank Julie for doing an excellent job for us. Amongst many of her accomplishments she has been a strategic leader on point of care diagnostics in the AHSN Network– e.g. PIGF to rule out pre-eclampsia in pregnancy.

In a joint appointment with KSS AHSN, Amelia James joined in April as lead for environmental sustainability. Amelia is working up a project with KSS and Wessex to improve asthma optimisation and reduce the environmental harm of inhalers. This will build on the leadership and system-wide engagement of the Oxford AHSN on asthma biologics and Wessex AHSN on FeNO (see case study 2 above).

In April Fran Butler, our mental health lead, retired and returned. Fran continues to support the Patient Safety programme working alongside Matt Williams who has been appointed as the Senior Programme Manager for Mental Health.

Emma Brown has been appointed in a joint role across Eastern and Oxford AHSNs, along with Bedfordshire, Luton and Milton Keynes ICS. Emma will support the ICS to develop a health and care system that more consistently understands, promotes, and uses technology and innovation in the design and running of its services and the achievement of its strategic outcomes.

We continue to meet face-to-face as a team monthly. The sessions are well attended and useful for networking across the whole AHSN team, and for individual programmes to meet. The office remains open for staff to use, and we are exploring options to share the space with local partners.

Our Oxford AHSN Equality Diversity and Inclusion group meet on a regular basis focusing on inclusion, engagement, and wellbeing. In addition, the Head of Corporate and People attends the BOB ICS Equality Diversity and Inclusion meetings.

The Oxford AHSN social media channels continued to extend their reach. The number of LinkedIn followers increased by 4.8% in Q1 while we achieved more than 51,000 Twitter impressions over the same period and an improved average engagement rate of 2.3%. The top tweet related to the launch of the national asthma biologics consensus pathway (see case study 2 above). This is part of a growing suite of resources hosted on the Oxford AHSN website. These helped to attract more visitors to the site with a peak of 8,604 page views in June – a higher monthly figure than was achieved at any point in 2021/22.



# Operational Review

## National Programme Risks (Amber or Red risks only)

For full risk register, see Appendix A

### Amber – Inclisiran

1. 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. We hold monthly meetings to share best practice between the three SE AHSNs. The last meeting was attended by the regional Primary Care Development clinical director and Professor Gary Ford, Oxford AHSN Chief Executive, in his role as national AHSN Network CVD lead, to update on progress on secondary care pathways

### Amber – Deteriorating Patient Safety Improvement Programme

1. Oxford University RESTORE2 Evaluation continues to progress, however there have been significant delays in training progress caused by limited resources and continued Covid outbreaks in participating homes, which has prevented delivery of face-to-face training. The second stage of the pilot will be augmented by AHSN commissioned training and is expected to accelerate roll-out.



# Financial Summary

Q1, for financial year ending 31 March 2023

Forecast costs are higher than plan in 2022/23. These costs will be funded through other income. Oxford AHSN will be funding local programme costs under Clinical Innovation Adoption such as additional cohorts in our Innovation Course, identifying health inequalities, and engaging services for knowledge building. The Rapid Uptake Product FeNO project is being scaled up, by purchasing more devices for use in our region. There are additional costs within Strategic and Industry Partnerships against the MedTech Funding Mandate (MTFM) programme. More generally, the AHSN is developing the pipeline and has support costs associated with this. Corporate costs include office lease inflation and the purchase of 15 laptops.





# Financial Summary

Q1, for financial year ending 31 March 2023

Income	Opening Plan	Forecast Outturn	Forecast Variance	YTD Plan	YTD Actuals	YTD Variance
Commissioning Income - NHS England Master Licence	-2,723,650	-2,723,650	0	-680,912	-680,912	0
Commissioning Income - Office for Life Sciences	-824,600	-824,600	0	-205,975	-205,975	0
Commissioning Income - PSC	-496,216	-473,307	-22,909	-115,098	-108,308	-6,790
Other Income	-1,835,139	-2,015,796	180,657	-406,844	-295,536	-111,308
<b>Total income</b>	<b>-5,879,605</b>	<b>-6,037,352</b>	<b>157,748</b>	<b>-1,408,829</b>	<b>-1,290,731</b>	<b>-118,098</b>
<b>AHSN funding of activities</b>						
Patient Safety	586,216	520,307	65,909	137,598	110,772	26,826
Clinical Improvement	383,803	387,154	-3,351	74,097	67,846	6,251
Clinical Innovation Adoption	1,750,266	1,893,197	-142,931	377,687	329,999	47,688
Strategic & Industry Partnerships	1,011,469	1,034,183	-22,715	292,022	309,202	-17,180
Community Involvement & Workforce Innovation	465,195	446,587	18,609	118,908	63,793	55,115
Communications, events, and sponsorship	111,576	110,466	1,110	27,894	30,444	-2,550
Contribution to AHSN Network	214,512	214,512	0	53,628	53,628	0
Pipeline Costs	12,000	56,000	-44,000	3,000	0	3,000
Grant Payable	0	0	0	0	0	0
<b>Programmes and themes</b>	<b>4,535,037</b>	<b>4,662,406</b>	<b>-127,369</b>	<b>1,084,834</b>	<b>965,684</b>	<b>119,150</b>
<b>Corporate</b>						
Pay costs	878,692	876,310	2,382	208,062	206,649	1,413
Non-pay costs	465,876	498,636	-32,760	115,932	118,397	-2,465
<b>Total Corporate Costs</b>	<b>1,344,568</b>	<b>1,374,946</b>	<b>-30,378</b>	<b>323,994</b>	<b>325,047</b>	<b>-1,053</b>
<b>Total expenditure</b>	<b>5,879,605</b>	<b>6,037,352</b>	<b>-157,747</b>	<b>1,408,828</b>	<b>1,290,731</b>	<b>118,097</b>
<b>Net Income/Expenditure</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-1</b>	<b>0</b>	<b>0</b>





# Nationally Commissioned work 22/23

Clinical Focus Areas



## Cardiovascular

**New Programme**

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.



## 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.



## Other

**New Programme**

**Medicines:** Polypharmacy

**New Programme**

**Patient Safety:** Wound Care Strategy to improve the prevention and care of pressure ulcers, lower limb wounds and surgical wounds.

**Patient Safety:** NHS I national commission for Patient Safety Collaboratives. Mental health safety, Medicines safety, Deterioration and Maternity safety in care homes and opioid prescribing.



# National Projects: Q1 Highlights

Highlight report by Clinical Focus Areas



## Cardiovascular

The **Blood Pressure Optimisation** 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.

A regional **lipid management** webinar covering the new lipid management pathway, statin intolerance, novel products and local case studies was delivered in collaboration with KSS and Wessex AHSNs, to circa 200 attendees. Feedback from those attending the webinar was excellent.

The results of the **PCSK9i** pilot projects were presented in a lipid management review with BOB ICS. Going forward, the AHSN will support the development of an education programme and an offer around secondary prevention.

Discussions were held with BLMK ICS over the community lipid service and pathway mapping around **Familial Hypercholesterolaemia**, with agreement secured 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.

In Q2 a **lipid management pathway** mapping exercise for Frimley ICS (collaboration between the ICS and Novartis) will be completed.

Work is under way to explore a local enhanced service for **Inclisiran**, in line with other injectable therapies. The Oxford AHSN is also working with systems to explore why most of the orders across the region are via retail pharmacy rather than via practice.

The SE AHSNs ran the first in a series of shared learning events on lipid management and Inclisiran for local systems.

A full view of the Oxford AHSN portfolio for Q1 is available on our website.





# National Projects: Q1 Highlights

Highlight report by Clinical Focus Areas



## Respiratory

The **Asthma Biologics** project continues, and on-boarding of clinicians has successfully been completed with recruited PCNs. The Q1 trajectory was met, with work beginning on identifying, reviewing, and referring patients with uncontrolled asthma. Eight new practices signed up to the SPECTRA tool across BOB ICS, taking the total up to 36 practices. The Oxford AHSN team continued to work with partner organisation Oxford University Hospitals on the delivery of the PTF Project Integrated Severe Asthma Collaborative (ISAC) across BOB ICS. Successful on-boarding with additional practices across nine PCNs which should drive patient benefit numbers up in Q2.

Our PCNs which adopted **FeNO** last year are now using the monitors routinely. Q1 data is very encouraging, with 500% of device target achieved and 106% of mouthpiece target achieved. Feedback from users is very positive, particularly from asthma nurses across the different practices, however they also raised a practical issue around sharing of devices and the problematic logistics of this. In response the Oxford AHSN is funding procurement of five additional FeNO machines and agreed schedule for training with the practices. Very positive talks have taken place in BLMK and Frimley ICSs and we look forward to working with PCNs in both areas to adopt FeNO over the summer. The ISAC team has successfully received FeNO training.



## Maternity & Neonatal

**Maternity and Neonatal Safety** - the new national Maternity Early Warning Score (MEWS) tool designed to focus on early identification, escalation and response to deterioration in pregnant women is currently in Phase 1 of pilot testing. Oxfordshire and Buckinghamshire are the pilot sites for this tool.

There has been positive engagement with BOB and Frimley LMNSs and Milton Keynes on the **Maternity and Neonatal Safety - Preterm Optimisation project**, with good response rates across the South East from the pre-term birth staff surveys across the range of units in our area.



# National Projects: Q1 Highlights

Highlight report by Clinical Focus Areas



**Deterioration:** Oxford University **RESTORE2** Evaluation continues to progress, with survey component sent out in Q1. Training continues in all areas albeit at a reduced rate, with significant delays observed in Oxfordshire, with only four care homes trained as part of the pilot. The pilot relies on face-to-face delivery which 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.

Engagement with all ICSs has been positive in Q1, with a regional steering group set up to prepare the approach to **Implementation of the Patient Safety Incident Response Framework (PSIRF)**, in advance of the upcoming publication of PSIRF guidance.

**Medicines Safety Improvement Programme** has progressed well in Q1, good links have been made with Medicines Safety leads at Frimley ICS, who will support the work of their newly formed Opioids subgroup. The Oxford AHSN is working on a report based on data from the newly published ePACT2 Opioids Prescribing Dashboard to identify key areas of concern.

The **Polypharmacy** programme is new to the portfolio for 2022/23. Scoping and engagement have started with the BOB, Frimley and BLMK ICSs, with all teams working to agree the ALS trainer with these three ICSs. Date confirmed for the first community of practice for Frimley ICS (September 2022). Planning for patient focus group for patient facing campaign is under way.

The Oxford AHSN is working in collaboration with Frimley ICS to deliver the new **Transforming Wound Care programme**, as the potential TES (Test and Evaluation Site) for phase 1. The Oxford AHSN has also been driving engagement with the national team and other Phase 1 AHSNs via 'learn and share' sessions and community of practice meeting, as well as reviewing the implementation guide, application form along with other programme documentation.

The five-year vision for the BOB ICS is that a fully integrated **Virtual Ward (VW) and Virtual Care (VC)** pathway will be in place across the BOB area. BOB will prioritise patient cohorts for admission avoidance opportunities and 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. The Oxford AHSN is the lead VW/VC implementation organisation for BOB ICS. During Q1 all place teams have agreed an overall strategy, workforce and funding model, submitted a Service Development Fund (SDF) application to the NHS for over £12 million funding over the next two years and agreed work package structure and division of labour between partner organisations. The overarching programme plan is under way. Engagement with Frimley is very positive.



# National Projects: Q1 Highlights

Highlight report by Clinical Focus Areas



## Mental Health

**First Episode Rapid Early Intervention for Eating Disorders (FREED)** continues to be delivered in Berkshire and Buckinghamshire eating disorders services with 20 patients moving through initial assessment, 14 starting on the specific FREED treatment pathway and the remaining patients beginning a treatment suitable for the young people but which does not qualify as a 'FREED treatment'. The Q1 total represents 78% of trajectory met. The numbers are expected to increase in Q2/3 as we see a public launch of the Buckinghamshire service - the service cautiously 'soft launched' to ensure the service was not swamped. However, capacity will increase over the next few months, so a 'public' launch is being planned. Conversations with Oxfordshire Eating Disorders Service have continued with a view to establishing a service in Q3.

The **Focus ADHD** programme is progressing, with all CAMHS teams in the Oxford AHSN region now using QbTest to enhance and streamline their ADHD assessments – the test numbers show that QbTest is now becoming well established in these recently implemented teams. Q1 target was met by the end of May, with 145% of trajectory achieved in Q1. The Q2 target may be more difficult to meet due to a temporary slowdown in testing at both the eligible sites.

All three trusts in the region have engaged with the **Mental Health Safety Improvement Programme (MH SIP) Reducing Restrictive Practice** programme in Q1. CNWL Milton Keynes Hazel ward will present their RRP project to the MHC South of England Learning Event in Q2. A series of staff interviews in Milton Keynes about restrictive practice have fed into a report highlighting areas of improvement and possible solutions. This has been shared with the interviewees and project team. Oxford Health have had a productive Q1, expanding from two Bucks wards (Ruby & Sapphire), with an additional three Forensic wards (Watling, Kestrel & Wenric) engaged in the programme. The Oxford AHSN has supported the wards with on site project meetings and redesign of driver diagrams.

A full view of the Oxford AHSN portfolio for Q1 is available on our website.





# Locally Commissioned work 22/23

Clinical Focus Areas



## 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

Real world evaluation of AI-driven cardiovascular risk prediction from routine CT scans

Supporting home blood pressure monitoring Programme

Harnessing AI technology to support clinical decision making in stroke

• NIPP project is evaluating virtual TIA clinics to determine optimisation of service across the Region

AI automated analysis of stress echocardiograms for patients with suspected cardiac pathology

Using vagal stimulation to reduce blood pressure in patients with resistant hypertension.



## 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 patients in the home



## Maternity & Neonatal

Mat Neo e-learning Programme supporting listening into babies during labour

Using artificial Intelligence (AI) for early recognition and management of deterioration in paediatric asthma patients in the home



## Mental Health

• Increasing awareness of anxiety and depression in older adults to increase referrals through the IAPT network

• Improving sexual safety

• Digital health tools in the depression pathway

• Digital triage for secondary mental healthcare

• Supporting recovery from anxiety and depression through Paddle app



## Other

• Improving management of patients with osteoporosis at risk of fragility fractures

MendelScan to interrogate patient records for twenty rare diseases

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

Supporting the Oxford AHSN Accelerator Programme alumni

• Community of Interest groups for environmental sustainability and diagnostics

• Point-of-care antibiotic susceptibility testing to aid urinary tract infection treatment

• Inequalities dashboards for clinical priorities of AHSN and ICSs

• Elastomeric devices for IV infusion

Practical Innovators Masters-level Programme

• = NHSE commission funded work  
OLS/Other funded work unless stated



# Local Projects: Q1 Highlights

Highlight report by Clinical Focus Areas



## Cardiovascular

Feasibility reports have been completed to understand the need and value proposition for Afferent, for treatment of hypertension involving non-invasive autonomic neuromodulation, and Fathealth, cardiometabolic risk evaluation using CT, in patients at risk of CVD or developing diabetes. Health economics studies will be performed next year, building on these reports.

Heart failure inequalities project was launched in Q1. Following go live, the AHSN role will now be supporting the evaluation.



## Respiratory

Work is underway to understand the value proposition for a device that predicts asthma attacks in children by BreatheOx – Albus. In Q1 a report has been completed describing the output of the BOB ICS workshop to discuss identified barriers to adoption and reviewing how the BreatheOx device meets local needs and priorities.

Oxford AHSN Asthma Biologics Dashboard shows key data to monitor and communicate the impact of the Asthma Biologics programme. It has been compiled using data from a wide variety of sources including Blueteq, NHSBSA Prednisolone, Homecare, SPECTRA and HCP Training data. Further development is ongoing.

A full view of the Oxford AHSN portfolio for Q1 is available on our website.





# Local Projects: Q1 Highlights

Highlight report by Clinical Focus Areas



## Maternity & Neonatal

A **risk stratification tool for labour management** project is at the discovery phase. This University of Oxford project provides an innovative, data-driven system for individualised CTG analysis to enhance clinical decision-making and avoid fetal damage during labour. The intelligent data analysis software (OxSys) will provide computer-based, real-time estimates of oxygen deprivation risks during labour. Work is underway to review pre-read, pathway map and discussion guide for the feasibility study to understand the need for a risk stratification tool for labour management.



## Mental Health

The **Paddle** psychological therapy support project is on track. Further funding of £75,000 has been allocated this year by NHSE to secure Paddle medical device status and to develop it further so that it can be scaled up.

NHS SE Clinical Networks initiated a regional piece of work on **student mental health** earlier in the year, along with KSS AHSN. The Oxford AHSN has since begun scoping work to understand student mental health issues within our local organisations with a view to future development. In Q1 the scoping highlights report was produced and received very positive feedback, a follow-up event is planned for September 2022. This work was also presented at the mental health steering group in Q1 and received positive feedback and expressions of interest.

Working with Oxford University Hospitals' 'The Hill', experts by experience, clinicians and companies, we are helping facilitate understanding of challenges, unmet needs and opportunities around seeking and accessing **mental healthcare services for men**. In Q1 the focus has been on discussions with colleagues at Oxford Health about potential adoption of a suicide reduction tool for smartphones, a Canadian app called HopebyCAMH (The Centre for Addiction and Mental Health).





# Local Projects: Q1 Highlights

Highlight report by Clinical Focus Areas

**Anxiety and Depression Network (IAPT)** local projects have progressed well in Q1, with patient (LP7) outcome data collated for all three pilot sites (Buckinghamshire, Oxfordshire, and Berkshire). Data has shown that additional employment support led to higher recovery rates. These findings will be published and disseminated nationally in the hope that all services will identify this LP7 group of patients as they are admitted and offer an enhanced treatment package which includes employment support so that the patient can achieve recovery at the end of treatment. The blended working project is underway in four IAPT services, therapists have started seeing patients, with outcome data being collected across the patch. Supervision has been set up and the network holds six-weekly project meetings.

Community Mental Health Transformation, in Q1 a second process mapping session with a wider stakeholder group was facilitated, to review the current map and look at the next steps in the pathway. A further session will be held in Q2.



## Innovation and Innovator Support

Several **real world evaluation projects** are coming to fruition over the coming year. Those that show a sufficient level of evidence to be scaled for adoption and spread will be taken into Core Function 4 (potentially including the peri-operative, NELLI, Caristo and Perspectum projects). It is important that the evidence is robust enough to support long-term adoption. During Q1 the team produced a Partnership Award proposal with Perspectum to support the implementation of LiverMultiScan in one more trust.

Cohort 12 finished module 1 of our **Adopting Innovation and Managing Change** in Healthcare Settings programme. This cohort comprises healthcare professionals throughout the South East region. 27 new change projects have been introduced into the system by the students. This cohort was funded by HEE South East with a focus on AHPs' QI development. HEE continues to support this successful programme and will fund two additional cohorts in 2022/23 across the South East region.

The new **universal support process for innovators** is being followed, to deliver a consistent offer to innovators across all 15 AHSNs in the national network. Threshold assessments are being used effectively for decision on whether innovators progress to the enhanced offer. We will also conduct horizon-scanning activities across the ICSs to validate their needs and priorities to ensure we are matching innovators to local demands.



# Local Projects: Q1 Highlights

Highlight report by Clinical Focus Areas

The Oxford AHSN has been helping **innovators** and SMEs to apply for grants, reviewing their applications ahead of submission and providing 'second set of eyes' reviews - the innovator is provided with a review of their funding application with recommendations to improve or enhance their application. Depending on resource availability this may include enhanced bid writing support. In Q2 we will bring on board a grants consultant to refine this offer.



## Other

**Ufonia** - this project will develop evidence supporting the safe deployment of Ufonia's automated telemedicine platform to deliver calls to cataract surgery patients at two large NHS hospital trusts. The economic evaluation report for Imperial and Oxford real world evidence has been completed.

Ufonia is also working with the Oxford AHSN to validate a solution for head and neck cancer. The team has designed and delivered three focus groups with members of the public from different seldom heard groups, as well as a round table looking at trust in AI with Professor Sir Jonathan Montgomery, Chair of Oxford University Hospitals.

The **Bone Health** (osteoporosis management – preventing secondary fractures) project pilot is in progress across nine GP practices in Oxfordshire, and Frimley has previously expressed an interest in this work. We will re-engage with them next quarter to explore this potential opportunity further.

The **Elastomeric devices** project has now appointed a clinical champion and a project plan has been developed. Opportunities for collaborative working with KSS and Wessex AHSNs on this project have been explored. There is great interest.

The Oxford AHSN with BOB ICS led a successful collaborative bid for an NHSX Perioperative Adoption Fund grant to support innovation in the **perioperative care pathway** to assist elective recovery. The programme is looking to implement four digital technologies in three hospitals in high volume low complexity pathways. In Q1 the team co-designed and released surveys for patients in D2D and staff in PROMAPP. During Q2 all peri-operative technologies will be deployed and under evaluation.



# Local Projects: Q1 Highlights

Highlight report by Clinical Focus Areas



**NIHR Applied Research Collaboration (ARC)** Oxford and Thames Valley working with Oxford AHSN. Annual reporting to NIHR completed and submitted. Implementation readiness reviews completed with all six ARC themes.

NHSE wishes to understand the best pathway to grow and develop **health and wellbeing leads** in the NHS. In collaboration with North East North Cumbria (NENC) AHSN and an independent researcher, we are undertaking scoping in three phases to gather intelligence and data to inform this pathway. During Q1 the first phase was completed. This involved interviewing health and wellbeing leads to understand their role, responsibilities, and reporting structure. The report of findings was submitted to NHSE and presented at a NENC workshop.

Oxford AHSN have been undertaking an evaluation of South East Leadership Academy **care home managers training** – to understand the learning and where the course could be improved to better support managers. Trainees interviewed and surveys undertaken, and quality improvement projects reviewed. The resulting evaluation report was submitted to the SE Leadership Academy.

The **Working Together Partnership**, convened and chaired by the Oxford AHSN CIWI (Community Involvement and Workforce Innovation) team, is a collaborative group of organisations interested in patient and public involvement and engagement (Oxford AHSN and regional NIHR bodies: Oxford Biomedical Research Centre, Oxford Health Biomedical Research Centre, Thames Valley ARC, Clinical Research Network, Research Design Service – plus NHS South East, Clinical Senate, South East Leadership Academy). The final webinar in the partnership's mental health series was held in April. It focussed on working with people affected by suicide and self-harm. The five webinars in the series are now available as a playlist on the Oxford AHSN YouTube channel. These videos have had more than 800 views.

A full view of the Oxford AHSN portfolio for Q1 is available on our website.





# Appendix A: 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. Timeline for relicense process; September 22 - closed tender process. December 22- confirmation of further license	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul 14	Ongoing	Amber
3	Oxford AHSN Corporate	National Programmes delivery	Reputation Protect breach of contract.	Med	Med	Ongoing	Robust engagement plans in place. Deteriorating Patient Programme is currently amber. For Inclisiran risk see #6.	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. Health Inequalities dashboards are live and aligned to Core20Plus5. Member of the BOB ED&I board.	AHSN Chief Operating Officer	Director for Communities and Workforce Innovation	June 2020	Ongoing	Green
5	Oxford AHSN Corporate	Failure to align and support developing ICSs with improvement and innovation agenda	AHSN needs to engage the leadership of the ICSs, align ICS priorities and AHSN work programmes. We need to be the innovation and improvement arm of our three local ICSs.	Low	Med	Ongoing	The AHSN's COO is meeting the BOB ICS Head of Strategy each month to improve alignment between the two organisations. There is shared ambition to make the BOB region more attractive to industry healthcare innovators. Jointly funded post starts in September with BLMK. and Eastern AHSN. AHSN involved in BOB strategy development. InHIP programme scoping ICS requirements to address Healthcare Inequalities to align to Core20Plus5 priorities.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	Sept 2021	Ongoing	Green
6	Inclisiran	Primary Care is stretched, this may impact delivery	Targets not met	Med	High	Ongoing	Monthly meeting with Wessex and KSS AHSNs to share best practice – latest involved national AHSN lead, Gary Ford, and Clinical Director, Primary Care Development, Tim Carrow. 3 SE AHSNs are running regular shared learning events.	AHSN Chief Operating Officer	Director of CIA	Oct 2021	Ongoing	Green



# Appendix B:

Oxford AHSN Case Studies Published in Quarterly Reports (2018 – 2022)

## 2021/22 Case Study Topic

- Start-up companies get expert support from Oxford AHSN Accelerator programme and leverage over £2 million
- Collaboration develops environmentally friendly product addressing urinary incontinence
- Oxford AHSN reaches first key milestone in major European partnership to improve outcomes for sepsis patients
- Cardiovascular disease – update on workstreams and opportunities
- Support from the Oxford AHSN helps digital innovators develop and roll out automated patient calls
- Health checks at vaccine clinics
- Pulse oximeters for vulnerable communities
- Elastomeric devices supporting hospital at home
- Environmental benefits of PIGF test
- Collaboration develops environmentally friendly product addressing urinary incontinence

## 2019/20 Case Study Topic

- Thousands more pregnant women benefit from test to rule out pre-eclampsia following national rollout
- Supporting leadership and collaboration in medicines optimisation
- Paddle – Psychological therapy support app helps patients steer a course to recovery
- Adoption and spread of a quality improvement programme to prevent cerebral palsy in preterm labor (PReCePT)
- Preventing prescribing errors with PINCER
- Feasibility study for introducing a new rapid point-of-care HIV test into sexual health clinics (Owen Mumford)
- Healthcare tech company's expansion and Stock Exchange listing enabled by Oxford AHSN expertise
- Oxford AHSN support enables AI company to leverage £700,000 of grant funding (Ufonia)
- The Oxford AHSN assists Fujifilm in real-world evaluation of point of care flu test

## 2020/21 Case Study Topic

- Rapid national roll-out of home-based safety net benefits thousands of patients with COVID-19
- Two-thirds of maternity units in England adopt test to rule out pre-eclampsia following roll-out led by Oxford AHSN
- AHSNs play key role in supporting patients with Covid-19 at home
- Unique midwife education and training programme improves safety for mothers and babies in low-risk labour
- Harnessing AI technology to speed up stroke care and reduce costs
- Spreading digital innovation in the NHS and supporting the workforce
- Keeping frail elderly people out of hospital - decreasing risk of Covid-19 infection
- Supporting stroke services through the pandemic
- Supporting NHS personal protective equipment needs (PPE)
- Improving timely observation of vital signs of deterioration in care homes
- Improving detection and management of atrial fibrillation (AF)

## 2018/19 Case Study Topic

- Learning together through a regional patient-centered event to improve sepsis support and information
- Improving detection and management of atrial fibrillation
- Understanding the impact of a new model of urgent care within a GP practice
- AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs
- Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services
- Patient forum helps improve NHS services for people with anxiety and depression
- Healthcare tech company's expansion and Stock Exchange listing enabled by Oxford AHSN expertise
- Unique point of care blood test speeds up clinical decision-making improves quality of care and reduces costs
- AHSNs come together to create new sepsis identification tool
- Spreading best practice in dementia through webinar programme