



National Project Portfolio

For the quarter ending 30 September 2022



The **AHSN** Network



National Project Portfolio

| Programme | Programme Details | RAG | ICS |
|--|--|--------------|-----------------------------|
| <p>Blood pressure optimisation programme – National programme (Develop and deploy)</p> | <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>Q2 Update (Q2 Specific activity/delivery/milestones) Progress in Q2 included a presentation at national community of practice on approach to supporting PCNs. We continued to support at PCN level for hypertension case finding and optimisation in Frimley and BLMK. A health inequalities impact assessment for the hypertension programme has been completed.</p> <p>Development of an InHIP proposal for BLMK is complete, focusing on hypertension and health inequalities. £100K of funding has been secured to progress this work. We are also working with BLMK to develop a hypertension quality improvement programme.</p> | <p>Green</p> | <p>BOB BLMK Frimley</p> |
| <p>CVD Prevention – Lipid Management and Familial Hypercholesterolaemia – National (Deploy)</p> | <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>Q2 Update (Q2 Specific activity/delivery/milestones) Progress included development of options appraisal for substantive FH services across BOB ICS. We continued work with Frimley ICS on lipid management pathway mapping exercise. The BLMK community lipid service formally launched in Q2 and feedback to date has been positive, and an evaluation has been scoped and planned for BLMK ICS.</p> <p>The CIWI team has undertaken an equality health impact report which is in the process of being transcribed into a plain English public facing document. The team continued to attend monthly meetings with lipid patient partners and have continued membership of National lipids governance groups. We presented an inequalities paper to the joint steering committee.</p> | <p>Green</p> | <p>BOB BLMK Frimley</p> |



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| <p>Inclisiran - National (Deploy)</p> | <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>Q2 Update (Q2 Specific activity/delivery/milestones) Work continues to support local systems with adopting inclisiran including identification of barriers to adoption and potential solutions to mitigate these. This quarter we have worked with BLMK ICS to develop a service specification for a locally commissioned service for inclisiran administration. This is currently subject to internal approval but if approved would address the capacity barrier that is preventing full adoption of inclisiran in BLMK. The AHSN has supported BLMK to develop a bid for funding under the Novartis 'Halcyon' programme - this would bolster the capacity of the existing community lipid service and enable a further 3500 high risk patients with existing CVD to receive a specialist assessment. Work continues with BOB ICS and Frimley to explore how the barriers to inclisiran adoption could be addressed. This includes education and looking at ways of addressing capacity issues. For Frimley ICS the solutions may include a third party supplier or the pathway transformation fund.</p> <p>On a national level, Oxford AHSN is part of the national task and finish group tasked with with developing and deploying the workforce support solution and associated application process for PCNs nationally. This work will continue on into Q3. To date 169 orders for inclisiran have been placed across the AHSN region.</p> | <p>Amber</p> <p>Orders significantly below the planned trajectory. This is in line with the national picture and is being addressed at a national level</p> | <p>BOB BLMK Frimley</p> |
| <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>Q2 Update (Q2 Specific activity/delivery/milestones) Oxford University RESTORE2 Evaluation survey response within the evaluation has been lower than hoped. The PSC and Oxford University Evaluation team can currently only access a limited version of BOB Care Homes Dashboard due to challenges around information governance concerns around existing data sharing agreements. To mitigate these issues we are in discussion with South Central Ambulance service, who hold aggregate data that could be used to measure impact in a pilot group of Care Homes in Oxfordshire. Initial discussions are proving positive.</p> <p>Due to the slow rollout of training in Oxfordshire, the PSC is providing virtual RESTORE2 training to Care Home staff. This is being delivered in Oxfordshire in collaboration with the Oxfordshire Care Home Support Service (Oxford Health FT) who will provide follow-up support; initially this is to a pilot of up to 18 Order of St John Care Trust homes with intent to upscale. The training is also being delivered to a small number of homes in Frimley region where there is a current training gap. Oxford PSC is employing two OUH clinical educators (on a part-time basis) to deliver approximately 4 sessions/month.</p> | <p>Amber</p> <p>Progress in Oxfordshire remains unchanged at only 4 homes trained. Training has also been 'gapped' in Frimley since a successful initial rollout; it is expected to recommence in Q4, with PSC virtual training helping to plug the current gap. RESTORE2 training has been limited in Berks W due to a seconded post. Although virtually delivered training is expected to accelerate roll-out in subsequent quarters, adoption is likely to remain below initial projection.</p> | <p>BOB Frimley</p> |



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| First Episode Rapid Early Intervention for Eating Disorders (FREED) – National (Deploy) | <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>Q2 Update (Q2 Specific activity/delivery/milestones) FREED continues to be delivered to eligible patients in Berkshire and in Buckinghamshire Eating Disorders services. In Q2, Berkshire ED Service (BEDS) assessed 9 patients, all within the 2 week period after referral as prescribed. 10 patients (all 9 assessed and another from the previous quarter) joined the FREED pathway for treatment. Given the mode of treatment available and offered to patients in Berkshire (i.e. one-to-one psychoeducation with a clinician) none of these patients were considered to be receiving a “FREED approved” treatment, although the treatment is based on CBT-e principles and is considered safe and clinically appropriate for the client group. There is currently insufficient capacity within the team to offer CBT-e or MANTRA to patients, particularly the waiting list across the whole Eating Disorder Service.</p> <p>The figures for Buckinghamshire for the equivalent period were as follows: 14 patients were assessed, 8 were deemed appropriate, and 12 began receiving FREED approved treatment in Q2 (6 of these 12 patients had been assessed in Q1). Buckinghamshire are promoting FREED more widely and engaging with Primary Care to seek greater numbers of relevant referrals.</p> <p>Conversations with Oxfordshire Eating Disorders Service continue with a new Team Lead, Charlotte Ball, replacing Maria Bourbon. The team are keen to adopt FREED and there is support from ICB colleagues too. A business case and plan is being prepared to make the case for FREED within Oxfordshire and it is hoped that a FREED Champion may be identified by the end of Q3.</p> | Green | BOB Frimley |
| Focus ADHD – Introduction of computerised test into ADHD assessment – National (Deploy) | <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>Q2 Update (Q2 Specific activity/delivery/milestones) Buckinghamshire and MK CAMHS have both experienced some problems in Q2, with vacancy issues in Buckinghamshire, and a pathway review in Milton Keynes reducing the numbers of tests carried out at both sites.</p> | Green | BOB BLMK Frimley |
| 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>Q2 Update (Q2 Specific activity/delivery/milestones) We held a BOB ICS PSIRF workshop (face to face - full capacity of 60 people), going through the needs, anticipated challenges, worries and opportunities arising in the forthcoming implementation of PSIRF. We are now developing a programme of support, in collaboration with BOB ICS and NHSE SE, for the next few months, using this intelligence.</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>Q2 Update (Q2 Specific activity/delivery/milestones) Although the planned Frimley Opioids subgroup has yet to be formally convened, we have been working with the lead Medicines Safety Officer and have provided an analysis of ICB opioid prescribing data benchmarked to regional comparators from the ePACT2 dashboard and presented this at the Medicines Safety Group. We have also provided a more detailed breakdown of prescribing patterns within the ICB to identify practices where opioid reduction initiatives may be appropriate.</p> | Green | Frimley |



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| <p>MedTech Funding Mandate (MTFM) 2022/23 – National (Deploy)</p> | <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> <p>Q2 Update (Q2 Specific activity/delivery/milestones)</p> <p>PIGF-based testing: National lead AHSN. >85% adoption across all maternity services nationally. Ongoing support for remaining national activity where opportunities still exist, although many non-adopted Trusts have actively declined to adopt. Reviewing the future of the project with the AAC</p> <p>Heartflow: Funding agreed and IG documentation signed off at Buckingham Healthcare NHSFT however local progress has been slow - pursuing. Review of Oxford's "decline to adopt" decision as a possible case study to inform future AAC MTFM enforcement activity</p> <p>SecurAcath: Ongoing adoption at Milton Keynes University Hospital delayed due to Trust-level resource availability. MKUH is last remaining eligible service in the region yet to adopt</p> <p>gammaCore: Full adoption. No activity in the quarter</p> <p>2022/23 products: Audit into local baseline adoption status of all 2022/23 products completed. Generally good current level of adoption. Ongoing activity to make contact with strategic-level commissioners within ICS/ICB and innovation leads within Trusts, as a means to access key stakeholders for all products</p> <p>Thopaz+: Very positive engagement with clinical leads in Oxford and securing their support to access Oxford-area clinical respiratory network to drive regional adoption. Good interest expressed from across the region</p> <p>BPH products: Good level of baseline adoption across the Oxford AHSN region. Successful progression of PLASMA trial at Royal Berkshire Hospital during September. Expression of interest in adopting Rezum at MKUH - shared MTFM programme information for consideration (follow up in October).</p> <p>XprESS: Initial expression of interest in adoption by both Oxford and Buckingham services, however next steps are limited by the need for pathway transformation funding. Working with manufacturer on route forward</p> <p>Spectra Optia: Much greater understanding of the scope and requirements of the project with the release of the AHSN adoption toolkit and on the national commissioning of Sickle Cell Disease services. Milton Keynes is suggested as an underserved area.</p> | | |



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| <p>Mental Health (MH) Patient Safety Improvement Programme – National (Deploy)</p> | <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>Q2 Update (Q2 Specific activity/delivery/milestones) Our three Mental Health Trusts are engaged with the Mental Health Safety Improvement Programme (MH SIP) Reducing Restrictive Practice. Berkshire Heathcare which is working on RRP with two of its wards, including its PICU, does not want support from the AHSN. Their projects have had a difficult quarter due to staff vacancies, including ward managers, but the situation is set to improve in Q3. CNWL Milton Keynes Hazel ward are our most advanced project. We support them with weekly (mainly virtual) project meetings. Their project has moved from adoption stage 4: 'testing & implementation' to 5: 'Adoption'. Their improvement is now business as usual, and they will move in Q3 to their second change idea PDSA cycle. Hazel presented their project at the South of England MH Collaborative face to face learning event (12th July), and I have interest from at least 1 other ward in their changes so we may gain our first project 'spread' in Q3.</p> <p>Our work with Oxford Health is intensive. Supporting ward projects with in-person, on-site meeting requires quite a lot of capacity but in our experience is the only way to achieve project traction and progress. Our weekly on-site support of 2 acute adult wards in Buckinghamshire continues however both wards had a problematic Q2 with the loss of both ward managers to other posts and multiple false starts to the implementation of change ideas. Progress is now underway with one ward starting their PDSA change at the start of July and the other at end of September. We are also supporting 3 Forensic wards; Watling, Kestrel and Wenric. Kestrel ward project is the most advanced and throughout Q3 we supported with weekly on-site meetings and a whole day workshop. After creating their driver diagram for them they are now ready to start PDSA cycles in October. Watling ward project faltered and lost all of Q2 due to key staff sickness absences. They are now back on track and supported with fortnightly on-site meetings. Wenric ward has been supported by us during September, with on-site meetings and analysis of their data. Wenric are in a different position as they are deciding whether to take part in a Trust pilot project centred on improving sexual safety, possibly alongside a RRP project. We also support OH wards by attending their 'QI Hub' internal monthly meetings. During September we also agreed with OH to fund and produce a case study video film of successful RRP project on Kennet ward (part of the Trust's Positive & Safe). Q2 also saw us establish in August, along with West Midlands AHSN, the national Forensic Wards network.</p> | <p>Green</p> | <p>BOB BLMK Frimley</p> |
| <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. 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>Q2 Update (Q2 Specific activity/delivery/milestones) Attended Steering group and coms committee. Ongoing support and communication with with 2 public partners. Undertaken an equality health impact assessment which is being transcribed into a plain English public facing document.</p> | <p>Green</p> | <p>BOB BLMK Frimley Kent & Medway, Sussex</p> |



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| Polypharmacy – National (Develop and deploy) | <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>Q2 Update (Q2 Specific activity/delivery/milestones) BOB, Frimley and BLMK ICS are all engaged in delivering the Polypharmacy programme. Frimley ICS has included polypharmacy in their Medicines Safety Strategy. BLMK has selected polypharmacy as a key programme which they are going to support at system level. Two ALS trainers have been identified. One has attended the ALS. A patient workshop (1 of 2) has been delivered to decide which patient facing campaign to deliver with attendance from 12 patients. Me and My Medicines has been selected as the campaign to pilot.</p> | Green | BOB BLMK Frimley |
| Reducing inappropriate high dose opiate prescriptions for non-cancer pain - National (Develop) | <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>Q2 Update (Q2 Specific activity/delivery/milestones) See Medicines Safety Improvement Programme above</p> | Green | BOB BLMK Frimley |
| Transforming Wound Care - National (Develop and deploy) | <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 Q2.</p> <p>Q2 Update (Q2 Specific activity/delivery/milestones) We are now working with Frimley ICB to plan and develop the Wound Care provision in one PCN in the south of their area. Once embedded there, that clinic will be made available more widely. This will also involve working with the community provider regarding non-ambulatory patients to ensure that provision there also meets NWCSF recommendations and model.</p> <p>We have held an initial meeting and a working group has now been set up which will meet in early November. The project manager is looking to source baseline data - this may be difficult to come by initially but it is considered vitally important, and a data manager has been allocated to the project by the ICB funded from within the £70k allocation.</p> | Green | Frimley |



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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>Q2 Update (Q2 Specific activity/delivery/milestones) The AHSN supported the development of Channel 3's stakeholder engagement plan and data collection approach for virtual ward/care baselining. Service development: The AHSN engaged with places to establish progress with virtual ward service development plans. A high-level review of resources and literature was conducted for the purpose of providing service development support (scope: virtual ward delivery models, workforce configurations, hub models and out of hours coverage). A high-level review of resources and literature was conducted for the purpose of designing an evaluation of BOB virtual wards (scope: outcomes, effectiveness, study designs). A draft outcomes framework below was developed to provide suggestions for the contextual information and evaluation data that could be collected within the relevant domains (effectiveness, experience, safety and clinical outcomes, cost benefit, access). Draft sustainability and health inequalities plans were developed to support work to be carried out by The Hill.</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>Q2 Update (Q2 Specific activity/delivery/milestones) Phase 1 of pilot testing is now complete. We are awaiting the start of phase 2 which is expected in the next quarter (Q3).</p> | Green | BOB |
| Maternity and Neonatal Safety - Preterm Optimisation - National (Develop and Deploy) | <p>Q2 Update (Q2 Specific activity/delivery/milestones) The staff surveys are now closed and we are currently analysing the data to inform the output of the PTB project. We have engaged a group of parents to lead and co-produce the project, their current work is focussed on engagement with neonatal parents with lived experience of Preterm Birth. We are working with BOB and Frimley ICSs, and we work with Milton Keynes as part of our MatNeoSIP network.</p> | Green | BOB BLMK Frimley |
| Rapid Uptake Products - PCSK9i - National (Deploy) | <p>AAC RUP (forms part of the national lipid management programme)</p> <p>Q2 Update (Q2 Specific activity/delivery/milestones) This forms part of the national lipid management 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>Q2 Update (Q2 Specific activity/delivery/milestones) This forms part of the national lipid management 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>Q2 Update (Q2 Specific activity/delivery/milestones) Frimley ICS and Milton Keynes have each now received a further 8 and 7 monitors respectively. We have agreed to find an additional 10 devices for BOB ICS.</p> | Green | BOB BLMK Frimley |
| Rapid Uptake Products - Ezetimibe - National (Deploy) | <p>AAC RUP (forms part of the national lipid management programme)</p> <p>Q2 Update (Q2 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>Q2 Update (Q2 Specific activity/delivery/milestones) National: Successful launch of the 2 e-learning modules with partner organisation Cogora. Module#1 was launched in July, 129 primary care clinicians have completed to-date. Module#2 was launched in September, 22 primary care clinicians have completed to-date. Continued to raise awareness about the impact of the Asthma Biologics Programme and available resources for HCPs through presentations at the European Respiratory Symposium; PCRS Respiratory Conference; Respiratory Professional Care Show and All-Party Parliamentary Group for Respiratory Health (APPG). Local: Work continues to support local systems with the delivery of the PTF ISAC Project across BOB ICS. 45 Practices across BOB ICS signed to use SPECTRA tool. Progress made on the agreement for data collection methodology and evaluation approach. Preliminary collected data shows good outcomes: Total number of patients selected by SPECTRA - 1984 Screened by pharmacists – 1557 Selected for a clinic in primary care – 232 Attended appointments - 103 Referred to SAC – 28 Initiated on biologics – 22 (80%)</p> | Green | BOB BLMK Frimley |