



*The **AHSN** Network*

Network Wide Project Portfolio

For the quarter ending 31 December 2022



Network Wide Project Portfolio

Programme	Programme Details	RAG	ICS
<p>Blood pressure optimisation programme – Network Wide 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>Q3 Update (Q3 Specific activity/delivery/milestones)</p> <ul style="list-style-type: none"> - Continued support at PCN level for hypertension case finding and optimisation - Frimley and BLMK - Development of a hypertension quality improvement programme with BLMK ICB, focusing on delivering targeted interventions to practices and PCNs in areas of high deprivation - Development of best practice case studies for sharing across BOB ICB - Development of a deprivation/performance matrix to target practices for additional support - Attended meeting with BLMK and presented on planning for community involvement project (for hypertension quality improvement programme). 	<p>Green</p>	<p>BOB BLMK Frimley</p>
<p>CVD Prevention – Lipid Management and Familial Hypercholesterolaemia – Network Wide (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>Q3 Update (Q3 Specific activity/delivery/milestones)</p> <ul style="list-style-type: none"> - Development of a successful system transformation fund bid for Frimley ICB (£192k funding secured). The project will commence in January 2023 and will complete in March 2024. The project has two parts: 1) a centrally delivering approach to population level statin intensification (statin switching) and 2) targeted support for lipid optimisation for PCNs in areas of high deprivation and those with poorer CVD outcomes. - Phase 1 Evaluation of the BLMK Community Lipid Service completed in conjunction with BLMK colleagues. Evaluation report submitted to the AAC. The service will continue with a full evaluation to be carried out in Q3 23/24. - A funding application to develop an enhanced patient support offer for secondary CVD prevention was developed with BOB ICB and submitted to the British Heart Foundation - Educational webinar series developed with BOB ICB. First webinar planned for 26th January - FH business case developed for BOB ICB <p>Continued membership of National lipids governance groups, and management of lipids public partners. Finalised animation on lipids adherence, comms and dissemination to begin in Q4.</p>	<p>Green</p>	<p>BOB BLMK Frimley</p>



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<p>Inclisiran - Network Wide (Deploy)</p>	<p>Inclisiran forms part of the Network Wide 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>Q3 Update (Q3 Specific activity/delivery/milestones) Oxford AHSN was part of the Network Wide Task and Finish Group tasked with developing and deploying the workforce support solution. This included developing the application process and materials as well as reviewing PCN applications. 4 PCNs within the Oxford AHSN region were supported to successfully apply for workforce support through this process. The BLMK Halcyon project was signed off at the end of Q3. This project will bolster the capacity of the community lipid service, enabling a further 3500 high risk patients to be reviewed. Work continues with Frimley ICS, looking at the broader lipid management pathway and also structures to support Inclisiran prescribing. Conversations continue with BOB ICB to explore potential mechanisms to support the ongoing administration of Inclisiran. Work started with OUH to look at improved lipid management post stroke and MI, including adoption of the newly released secondary care lipid management pathway. This work includes identification for a mechanism for administration of Inclisiran in secondary care. To date 246 orders for Inclisiran have been placed across the Oxford 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</p> <p>Frimley</p>
<p>Deteriorating Patient Safety Improvement Programme – Network Wide (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 network wide 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>Q3 Update (Q3 Specific activity/delivery/milestones) Oxford AHSN has now delivered RESTORE2 training to over 150 care staff. Most of these staff are in Oxfordshire where focus has been collaborative rollout with Order St John Care Trust Homes, with the aim of adoption in 8 care homes. The intent is to extend this to the remaining 10 Oxfordshire homes in this group during Q4. Training has also supported Frimley region, which aims to re-introduce its own training programme within Q4.</p> <p>Initial evaluation work has been completed by the Oxford University team. This is largely qualitative in nature but provides some useful insights in describing the challenges of programme rollout. The University team is seeking to publish this evaluation with Oxford AHSN as a co-author.</p>	<p>Amber</p> <p>Progress in Oxfordshire remains slow at only with only 12 homes trained (up from 4 in Q3). 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 remains limited in Berkshire West 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</p> <p>Frimley</p>



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<p>First Episode Rapid Early Intervention for Eating Disorders (FREED) – Network Wide (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>Q3 Update (Q3 Specific activity/delivery/milestones) Buckinghamshire colleagues are continuing to engage with Primary Care with an aim to encourage Self Referral and boost numbers of patients for assessment and, ultimately, treatment. The team remain engaged and motivated around FREED as a concept and a service.</p> <p>Berkshire continue to seek to broaden the skills within the team and developing engagement with Higher Education locations. It is anticipated that Q4 will see greater referrals and assessments, particularly within the post-Christmas period.</p> <p>Oxfordshire are due to complete their FREED Operational Agreement and begin recruiting a FREED Champion in Q4. It is possible that some patients will benefit from this new service within the quarter.</p> <p>Therefore, progress is being made and is likely to continue into Q4, however it is unlikely that the trajectory for 22/23 will be met.</p>	<p>Red</p> <p>The programme is behind trajectory, and is unlikely to meet the annual trajectory for 22/23, we have marked the programme as red for Q4 to reflect this. Q3 has presented some challenges for colleagues within the Berkshire and Buckinghamshire FREED teams. This is reflected in the data. Berkshire have continued to offer their service to patients, though the FREED Champion was away on leave for one month of the quarter, which reduced capacity to see patients. Buckinghamshire's FREED Champion was on unplanned sick leave for the final two months of Q3. This significantly reduced availability of the service. Additionally the quarter saw high numbers of Did Not Attend (DNAs) being recorded. This was unfortunate and difficult for the team. Fortunately, at least 6 patients who had previously been assessed in a previous quarter commenced their FREED treatment.</p>	<p>BOB Frimley</p>
<p>Focus ADHD – Introduction of computerised test into ADHD assessment – Network Wide (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>Q3 Update (Q3 Specific activity/delivery/milestones) In Q2 there were lower numbers in both the sites, caused by vacancies and a review of pathway - these issues are now resolved and we are now on track to achieve trajectory.</p> <p>Buckinghamshire Healthcare Trust is reviewing the decision not to use QbTest - a presentation from Oxford AHSN and QbTech to their team monthly business meeting was given in Q3, we await a final decision on whether QbTest implementation will be taken forward.</p>	<p>Green</p>	<p>BOB BLMK Frimley</p>



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Implementation of the Patient Safety Incident Response Framework (PSIRF) - Network Wide (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>Q3 Update (Q3 Specific activity/delivery/milestones) Further workshops planned.</p>	Green	BOB Frimley
Medicines Safety Improvement Programme – Network Wide (Develop and deploy)	<p>Commission for 2022/3 is focused on reducing harm from opioids prescribed for non-cancer pain.</p> <p>Q3 Update (Q3 Specific activity/delivery/milestones) We will continue to support the Frimley MSO pharmacists with further data analysis as appropriate, and look to collaborate on any appropriate opioid reduction projects. We are working with the lead for the Frimley ICS Integrated Pain Pathway redesign.</p>	Green	Frimley
MedTech Funding Mandate (MTFM) 2022/23 – Network Wide (Deploy)	<p>The MFTM policy aims to accelerate the uptake of selected NICE approved medical devices, diagnostics and digital products, as identified by the Accelerated Access Collaborative. Existing products on the MTFM programme from 2021/22: SecurAcath, Placental Growth Factor (PIGF)-based testing, Heartflow and gammaCore. New products added for 2022/23: Urolift, GreenLight XPS, Rezum, PLASMA system (technologies to treat Benign Prostatic Hyperplasia (BPH), or enlarged prostate), Xpress (balloon sinus dilation), Spectra Optia (treatment for sickle cell disease) and Thopaz+ (digital chest drain)</p> <p>Q3 Update (Q3 Specific activity/delivery/milestones) PIGF-based testing: Ongoing support for remaining national activity where opportunities still exist. Heartflow: Further support for Buckinghamshire Healthcare NHSFT where local adoption progress has been slow. SecurAcath: Follow-up on adoption at Milton Keynes University Hospital (MKUH); delayed due to Trust-level resource availability. MKUH is last remaining eligible service in the region yet to adopt. gammaCore: Full adoption. No activity in the quarter. 2022/23 products: Ongoing activity to make contact with strategic-level ICS/ICB commissioners and innovation leads within Trusts to access key stakeholders to support evaluation / adoption activities. Thopaz+: Pursued the very positive engagement established with clinical leads in Oxford area clinical network with a view to agreeing evaluation / adoption plans across the area network. BPH products: Progressed discussions / planning for adoption of PLASMA at Royal Berkshire Hospital following successful clinical evaluation. Expression of interest in adopting Rezum by lead clinician at MKUH but need to wait for discussion at strategic planning away-day in December to progress. XprESS: Progress adoption discussions with both Oxford and Buckingham services, however next steps are limited by the need for pathway transformation funding. Working with manufacturer on route forward Spectra Optia: Meeting planned with lead nurse from Therapeutic Apheresis Service in October to better understand patient flow, identify potential inequalities and determine next steps.</p>	Green	BOB BLMK Frimley



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<p>Mental Health (MH) Patient Safety Improvement Programme – Network Wide (Deploy)</p>	<p>The emphasis of the MH SIP is Reducing Restrictive Practice (RRP) and local engagement and discussion regarding improving sexual safety.</p> <p>Q3 Update (Q3 Specific activity/delivery/milestones) Began work with Elysium at Thatcham. We were approached via the forensic services provider collaborative and NHS England would like AHSNs to support private providers to join the MH SIP where possible. First site visit to evaluate supporting 1 ward (November). Further whole day workshop for forensic Kestrel ward. Intensive on-site support to Watling ward to try to ensure their project does not falter a second time. Filming of case study video of project on OH Kennet ward (November). Explored moving on to PDSA 2 around pathway for PD on Ruby ward – potentially a large change needing a lot of thought and planning. Further meetings of the national Forensic Wards network, arranged by ourselves and West Midlands AHSN. Regional face to face learning event/conference with SoE MHC in November. Presented at OH QI conference.</p>	<p>Green</p>	<p>BOB BLMK Frimley</p>
<p>NIPP - Network Wide (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>Each stage of the pathway could be managed remotely – referral, initial triage and consultation – with patients only attending hospital for essential investigations when needed such as brain imaging, electrocardiogram (ECG) and blood tests.</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. It will include:</p> <ul style="list-style-type: none"> -what a good care pathway looks like in face-to-face, virtual and hybrid models for TIA and minor stroke clinics -experiences of healthcare professionals and patients -benefits for patients of the different models taking account of health inequalities and digital exclusion -environmental impact in the light of the NHS net zero carbon emissions ambition -suggested data requirements to enable routine monitoring of services <p>Q3 Update (Q3 Specific activity/delivery/milestones) Pathway mapping sessions completed with 14/21 trusts. Project team are writing up maps and comparing with NICE guidance for TIA services, along with highlighting key challenges for the different service models (face to face, hybrid and virtual).</p> <p>Notification of ethics approval for Views workstream interviews received in November 2022. To progress to interviews, each trust needs to sign a participant identification centre (PIC) contract. Engagement with this process and the long time taken to get ethics is impacting on the timeline for delivery of the interviews.</p>	<p>Amber</p> <p>Project manager in regular contact with Views workstream team re progress with PIC contracts and providing input where needed. Keeping senior project team updated. Steering group meeting planned for early February '23. Agreement at meeting in December '22 to contact clinical teams direct re opportunity to take part in staff interviews. Continue with PIC process for patient interviews.</p>	<p>BOB BLMK Frimley Kent & Medway, Sussex</p>



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Polypharmacy – Network Wide (Develop and deploy)	<p>As of April 2022, Polypharmacy: Getting the Balance Right has been agreed as a network wide 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>Q3 Update (Q3 Specific activity/delivery/milestones) Community of Practice (CoP): The first CoP was delievered for Frimley ICS on 07.10.22. 23 people attended. 56 people have signed up to be part of the CoP. Action Learning Sets (ALS): 28 prescribers have attended the ALS to date. An additional two action learning set trainers have been identified and are undergoing the accreditation process. Patient behaviour change campaign: A second patient workshop (21.10.22) with CIWI support was held to shape implementation of the Me and My Medicines Campaign. 16 people attended. 5 Primary Care Networks have expressed an interest in being part of the pilot. Onboarding meetings have been held with 2. At the request of the Lead ICB Medicines Optimisation Pharmacist BLMK, a simplified version of the patient pack has been produced to aid patient recruitment. Health inequalities: 4 people from 3 Core20 plus5 Primary Care Networks have attended the ALS to date.</p>	Green	BOB BLMK Frimley
Rapid Uptake Products - Asthma Biologics - Network Wide (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>Q3 Update (Q3 Specific activity/delivery/milestones) Launch of Asthma Structured Medication Review template video demonstration. Continue to raise awareness about the impact of the Asthma Biologics Programme and available resources for HCPs through various comms activities. To review and provide feedback, and where necessary request clarification questions to ensure quality of the PTF evaluation reports. PTF evaluation summary report and end of the programme report to be drafted. To continue to recruit more pilot sites from home care monitoring app.</p>	Green	BOB BLMK Frimley
Transforming Wound Care - Network Wide (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 Q1.</p> <p>Q3 Update (Q3 Specific activity/delivery/milestones) Working Stakeholder group is now established. A new Project Manager (PM) has started in Frimley w/c 9th January 2023. A project plan is now in draft with GANTT chart to guide milestones. Further discussions relating to the adopt and spread model underway. Plans underway to establish self-care model within care homes within East Berkshire. MOU signed and funding payments underway.</p>	Green	Frimley



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Virtual Wards / Virtual Care	<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>Q3 Update (Q3 Specific activity/delivery/milestones)</p> <ul style="list-style-type: none"> - Conducted a high-level review of technology (platforms, dashboards and devices) available for virtual wards for Berkshire West Steering Group. - Conducted the Virtual Wards Service Development and Evaluation Workshops with clinical and operational leads at Berkshire West and Buckinghamshire. - Produced a report on future opportunities for BOB ICS service development support following the virtual ward baselining and workshops. - Supported BOB to develop their ICS-wide programme plan for virtual wards. - Conducted a rapid review of diagnostic and monitoring equipment currently used across BOB VWs with recommendations for urgent procurement. - Created a draft sustainability plan and health inequalities plan for BOB ICS' virtual wards programme. - Provided interim project management support to Berkshire West to develop a project plan covering both providers (RBH and BHFT). - Supported other partners with baselining, SOP analysis and technology specification activities. 	Green	BOB
Maternity and Neonatal Safety - Deterioration - Network Wide (Deploy)	<p>New National Maternity Early Warning Score tool designed to focus on early identification, escalation and response to deterioration in pregnant women.</p> <p>Q3 Update (Q3 Specific activity/delivery/milestones)</p> <p>Currently Phase 1 of pilot testing.</p>	Green	BOB
Maternity and Neonatal Safety - Preterm Optimisation - Network Wide (Develop and Deploy)	<p>Optimisation of the preterm baby is a key priority outlined in Maternity and Neonatal Safety improvement Programme (MatNeoSIP) and in the BAPM Perinatal Management of Extreme Preterm Birth before 27 weeks.</p> <p>There are several elements within the optimisation care bundle which trusts are required to work together on, for example, place of birth, optimal cord management, normothermia, steroid and magnesium usage and early colostrum and breast milk which will ensure that the preterm baby has the best possible outcome.</p> <p>We are working collaboratively with a diverse group of stakeholders to improve outcomes for this preterm infants and experience for the families and staff who care for them.</p> <p>Q3 Update (Q3 Specific activity/delivery/milestones)</p> <p>Bi-weekly meetings with immediate project management teams and once a month meeting with key stakeholders. Frimley PM is process mapping current services, with workforce skills analysis the primary aim for first half of Q4. Frimley aim is for Test and Evaluation Site (TES) up to be up and running by end of Q4/beginning of Q1 2023-24.</p>	Green	BOB, BLMK, Frimley