

Q4 Report

For the quarter ending 31 March 2023



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Chief Executive's summary

This quarterly report marks the end of our tenth year and second licence term. Since we started in 2013 we have strived to support the local and national health systems adopt evidence-based innovation to improve patient outcomes, safety and experience. It is very pleasing to see that the National Institute for Health and Care Excellence (NICE) has approved three innovations where real world evaluation by the Oxford AHSN team supported further rollout across the NHS.

These are:

- Placental growth factor (PIGF) testing for pre-eclampsia
- Brainomix for AI acute stroke brain imaging to expedite delivery of thrombectomy
- Sleepio, a digital therapy for insomnia.

PIGF and Brainomix have been adopted by all provider trusts in our region, while Frimley Integrated Care Board (ICB) has recently commissioned Sleepio.

We support our ICBs adopt high value innovation and transform services through our NHS England Innovation Research and Life Sciences commission, and improve patient safety through our NHS England patient safety commission. We work with industry innovators to develop and deploy innovation in the NHS and support investment in, and growth of, companies through our Office for Life Sciences (OLS) commission.

We undertake horizon scanning, real world evaluation and support accelerated implementation of promising local innovations through our core commission, locally commissioning by NHS partners or through external grants. Patient involvement, health inequalities, workforce and carbon reduction are cross-cutting themes in all our programmes.

During Q2 we supported the three ICBs in our region to develop their proposals for the Accelerated Access Collaboration (AAC) Innovation for Healthcare Inequalities Programme (InHIP) to support their local priorities to reduce inequalities in lipid management, severe asthma and severe respiratory disease. These are being delivered by integrated care systems (ICSs) with AHSN support. We will continue to support the ICBs with all these programmes in 2023/24.



Chief Executive's summary

Case studies in this report include:

- Evaluating an AI-augmented decision support tool to assist triage of referrals into secondary mental healthcare
- An evaluation assessing a home monitoring device which uses AI to predict and prevent asthma attacks in children.

We also highlight the impact of our five-year partnership with the National Consortium of Intelligent Medical Imaging (NCIMI) and look back on ten years of supporting spread and adoption of innovation.

As the AHSN Network Chief Officer national lead for cardiovascular disease, I have been closely involved in supporting better implementation of lipid lowering therapies to prevent premature death and disability from myocardial infarction and stroke. Cardiovascular disease (CVD) is the major driver of excess population mortality following the pandemic. This has led to CVD prevention being prioritised by NHS England and highlighted by Sir Chris Whitty, Chief Medical Officer for England. To support these aims, a national clinical leaders group I chaired developed clinical pathways for secondary and primary care to improve the use of underutilised inexpensive drugs, statins and ezetimibe, and ensure best value is obtained from novel lipid-lowering therapies PCSK9is and Inclisiran.

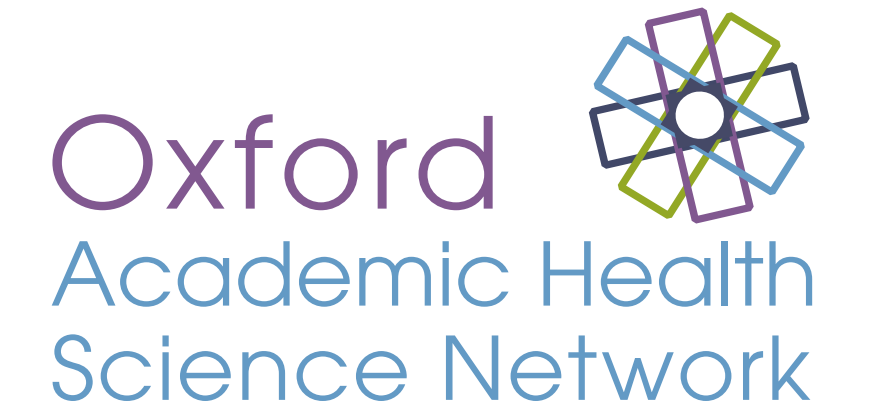
The two-year national rollout of asthma biologics was led by our Clinical Innovation Adoption programme team. The approach, through designing a clinical pathway for severe asthma, is being adapted by NHSE for other medicines. We will continue to support asthma biologics locally through the BOB and Frimley InHIP projects. This year we completed two national mental health programmes for children and young people – Early Intervention in Eating Disorders and ADHD diagnosis. Despite the challenges of COVID and staffing, uptake has been positive, and all NHS mental health providers have adopted both innovations.

With the support of our patient safety team, local maternity services have sustained compliance with improvements to maternity/neonatal safety throughout the pandemic and recovery period.

After cancelling the process in Q3 to relicence AHSNs for a further five years, NHS England extended our current five-year Master Licence Agreement by a year whilst a review of the role of AHSNs is undertaken. We expect to be informed in the first quarter of 2023/24 if structural or other changes will be required of AHSNs before a further licence agreement is issued to AHSNs.



Chief Executive's summary



As AHSN Network Chair I have focussed on discussions with our commissioners and other key stakeholders on how AHSNs can increase impact and support over the next licence period. AHSNs occupy a unique space spanning the NHS, industry and academia, with a national structure that supports the development and spread of high value innovation. An economic analysis using Treasury methodology of the investment secured and jobs created, through the OLS annual commission to AHSNs demonstrated a very high level of return and impact on economic growth.

I will continue as Chair of the AHSN Network for a third year during this important time. I have joined the Innovation Ecosystem review group chaired by Roland Sinker, CEO Cambridge University Hospitals NHS Foundation Trust, that is reviewing the role of the NHS in research and innovation. This will have an important influence on the future role and function of AHSNs.

We play an important role in linking with the wider research and innovation landscape across our population of three million people. We will continue to work closely with Oxford Academic Health Partners and the NIHR Applied Research Collaboration Oxford and Thames Valley and bring together research leads from NHS trusts and universities. We will support the ICBs in developing their research and innovation strategies to give clear demand signals, increase uptake of innovation locally and ensure the health and care system supports research for the benefit of the local population.

Looking ahead, we have a strong portfolio which aligns to the priorities of our ICBs and the South East regional team, and to the requirements of our national commissioners: NHSE and OLS. Our local engagement is very strong, and we are clear about our deliverables in 2023/24.

I would like to thank my team for their dedication and hard work during these challenging times for the NHS and express my gratitude for the support of my Chair and Board and from our host, Oxford University Hospitals NHS Foundation Trust.

A handwritten signature in black ink that reads 'Gary Ford'.

**Professor Gary A Ford, CBE, FMedSci,
Chief Executive Officer, Oxford Academic Health Science Network and Chair of The AHSN Network**





Case Study 1

Ten years supporting spread and adoption of innovation

The end of Q4 2022/23 marked ten years since the creation of Academic Health Science Networks by NHS England to transform the way the health service identifies, adopts and spreads promising innovations. In the decade since then AHSNs have improved health outcomes and supported economic growth, both individually and working together as the AHSN Network. We have featured examples of this work as case studies in these quarterly reports. A handful of the most significant are highlighted on the next page. We aim to publish a more detailed impact report in Q2 2023/24.





Case Study 1

Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services

Quick, accurate blood tests (PIGF) are helping rule out pre-eclampsia, reducing unnecessary hospital admissions and enabling maternity services to focus on those women who need closer monitoring. The pandemic underlined the importance of safe and effective care outside hospital where possible.

Within four years of the first real world evaluation in Oxford there has been widespread adoption of PIGF testing into everyday clinical practice due in large part to a rapid adoption project led by AHSNs. By April 2022, 86% of eligible maternity units in England had either adopted or were implementing PIGF testing. This is benefitting an estimated 35,000 pregnancies per year.

Read more: <https://www.oxfordahsn.org/our-work/our-programmes/strategic-and-industry-partnerships-2/spread-and-adoption-of-supported-innovations/pre-eclampsia/>

Harnessing AI technology speeds up access to stroke care

The Oxford AHSN is working with the five Integrated Stroke Delivery Networks (ISDNs) in the South East to roll out and evaluate brain imaging incorporating AI (Brainomix – developed in Oxford) at 26 acute stroke sites, leading to rapid access to treatment, prevention of long-term disability and improved patient outcomes. The technology is also being adopted further afield across three more ISDNs elsewhere in England and introduced in 73 hospitals.

The approach has led to speedier access to mechanical thrombectomy (MT) – an NHS Long Term Plan priority. High quality CT brain scans are shared quickly and securely, supporting clinical decision-making and helping overcome disruption caused by the pandemic. In the Oxford AHSN region the proportion of patients receiving MT increased from 2.8% in 2020/21 to 6.6% in 2021/22 (national target 10%).

Read more: <https://www.oxfordahsn.org/our-work/covid-19/covid-19-case-studies/ai-technology-speeds-up-stroke-care-and-reduces-costs/>



Case Study 1

Keeping Covid-19 patients safe and well at home

Working closely with their system partners, the three AHSNs in South East England (Kent Surrey Sussex, Oxford and Wessex) worked together to support rapid roll-out of two major programmes – Covid Oximetry @home and Covid Virtual Wards – to help keep COVID-19 patients safe and well at home. At the peak of the pandemic 19,000 patients were being cared for by these programmes. AHSNs have continued to support ICSs in ongoing development of virtual wards.

Read more: <https://www.patientsafetyoxford.org/clinical-safety-programmes/sepsis/covid-19-virtual-wards/>

Preventing cerebral palsy in premature babies

Through their patient safety teams, AHSNs worked together and with Maternity/Neonatal colleagues on a national programme: Preventing Cerebral Palsy in Preterm Labour (PReCePT).

The aim was to reduce the number of very preterm babies born with cerebral palsy by increasing the uptake of magnesium in eligible mothers to 85% or more. The programme ran from 2018 to 2020. Achievements over this period included:

- an extra 1,106 mothers receiving magnesium sulphate
- an estimated 30 cases of cerebral palsy avoided
- increasing the number of maternity units adopting MgSO₄ from five to 156
- estimated savings of £23.9m in lifetime health and social care costs

Due to effective ongoing partnerships with maternity units across our region the target rate has been sustained since the end of the programme.

Read more: <https://www.patientsafetyoxford.org/clinical-safety-programmes/previous-programmes/precept-prevention-of-cerebral-palsy-in-pre-term-labour/>



Case Study 2

Theme/Patient pathway/programme:
Digital & AI / Strategic and Industry Partnerships

Partnership with NCIMI improves patient outcomes and generates economic growth

The Oxford AHSN's five-year partnership with the National Consortium of Intelligent Medical Imaging (NCIMI), hosted by the University of Oxford, has enabled experts from the NHS, academia and industry to leverage the power of artificial intelligence (AI) to improve health and care outcomes and benefit patients across the UK.

With the support of the Oxford AHSN commercial team and industry partners, the NCIMI bid was successfully funded by Innovate UK in 2019 through the Industrial Strategy Challenge Fund (ISCF) award 'Wave 2: Data to Early Diagnosis and Precision Medicine'. The award supported the UK's AI sector by sharing its knowledge and findings through a national, connected network of hospitals supporting AI research and data sharing for innovative projects within the NHS, academia and industry.





Case Study 2

Theme/Patient pathway/programme: Digital & AI / Strategic and Industry Partnerships



In addition to the Oxford AHSN, NCIMI industry partners include GE Healthcare and Alliance Medical. Charity partners include the British Heart Foundation and National Cancer Research Institute. See full list of consortium partners. Our local NHS partners in NCIMI are Buckinghamshire Healthcare, Oxford University Hospitals and the Royal Berkshire.

Over the five-year partnership, supported by £10 million from the ISCF, £5 million from industry partners and further funding of approximately £5 million from the AI in Health and Care Award, NCIMI has helped accelerate the development, validation and adoption of the most promising AI technologies in the NHS.

NCIMI has supported the development of a connected network of NHS trusts providing data to support AI development and evaluation. NCIMI has invested in developing expertise, capacity and capability to ensure that data is high quality, consistent, annotated and curated as needed. Sixteen exemplar projects are delivering against current areas of unmet need. See all NCIMI projects.

Involvement in NCIMI has enabled the Oxford AHSN to form long-lasting relationships with industry, charity and NHS partners to bring innovative AI technologies in areas of unmet need to benefit patients and service providers.

What has been achieved?

In addition to the original £15 million funding leveraged to set up NCIMI, more than £10 million of further funding has been generated through additional grant awards, including the NHS/National Institute for Health and Care Research (NIHR) AI in Health and Care Awards.

One of the primary goals of NCIMI was to bring together a unique network of general hospitals into large-scale clinical studies, an area which tends to be dominated by large teaching hospitals. The Royal Berkshire, Royal United Hospitals Bath and Royal Cornwall Hospitals have benefitted significantly in expanding their research capabilities through the partnership with NCIMI. NCIMI has also expanded the network into Scotland through its partnership with NHS Greater Glasgow and Clyde.



Case Study 2

Theme/Patient pathway/programme: Digital & AI / Strategic and Industry Partnerships

A major achievement of NCIMI is the creation of a network of 12 hospitals ready for deployment and evaluation of AI technology. In addition, our region will benefit from the establishment of the Thames Valley Emergency Medicine Research Network (TaVERN) - a collaborative network of emergency department research teams providing a platform to expand and increase recruitment of participants into emergency medicine studies across five hospitals.

NCIMI partners have also come together to form an innovative collaboration between Alliance Medical, GE Healthcare, Perspectum and Oxford University Hospitals to deliver a new Community Diagnostic Centre (CDC) in Oxford. GPs can refer patients to the CDC instead of hospital for checks and diagnostics for a range of conditions closer to home.

NCIMI has successfully demonstrated that it can engage partners to deliver effective projects supporting AI development in healthcare with 136% overdelivery against the original target. Key figures include:

- 67 NHS hospitals using e-Stroke suite
- 6 million data sets received and stored
- 12 new local data storage facilities established within the NHS partners
- 12 engaged NHS trusts/boards participating, all meeting secure data transfer protocols
- 4 new AI tools developed
- 321 clinicians and researchers engaged



Case Study 2

Theme/Patient pathway/programme: Digital & AI / Strategic and Industry Partnerships

What did we do?

The Oxford AHSN's commercial team initially supported the University of Oxford in its application for the ISCF award, working with Claire Bloomfield (now Deputy Director of the NHS England Centre for Improving Data Collaboration) and GE Healthcare to help pull together the NCIMI bid and the consortium partners. The AHSN also contributed £90,000 of in-kind funding required as part of the initial application. This was used to support these projects:

- Predicting heart attacks by measuring inflammation
- AI support of stroke imaging in the Thames Valley
- Removing the need for surgery in endometriosis

The Oxford AHSN, Caristo Diagnostics, Ultromics and Brainomix have since benefitted from more than £5 million in funding from the AI in Health and Care Award to support the evaluation and adoption of innovative AI technologies in cardiovascular diseases.

The Oxford AHSN team continues to support NCIMI members in delivering a pipeline of collaborative projects through evaluation advice and grant applications to NIHR i4i Product Development awards and Innovate UK Biomedical Catalyst awards.

Involvement in NCIMI has enabled the Oxford AHSN to form long-lasting relationships with industry, charity and NHS partners to bring innovative AI technologies in areas of unmet need to benefit patients and service providers.



Case Study 2

Theme/Patient pathway/programme: Digital & AI / Strategic and Industry Partnerships

What people said



“UKRI’s investment in NCIMI has brought together a first in class network of NHS trusts focussed on supporting AI development and testing and helping make the UK an attractive place to undertake AI development. Some of our early projects are now showing impressive early read-outs which will mean that there are patients out there today who will live longer or benefit from improved healthcare delivery as a result of NCIMI.”

Dr Mark Beggs, Chief Operating Officer, NCIMI



“Our partnership with NCIMI has been an important element of our success over the past few years, enabling us to set-up the first regional stroke AI network back in early 2020 that then laid the groundwork for the NHSX AI grant that we received later that year. NCIMI’s unique composition of NHS hospitals, clinical leaders, industry experts, world-leading researchers and patient groups, all working towards a common goal of driving innovation, spearheaded so much of the progress we’ve seen in the UK AI sector.”

Dr Michalis Papadakis, CEO and Co-Founder of Brainomix

What next?

Further work is needed at a national level to address the major issue of data acquisition. There is an unmet need for a standard data contract and data protection impact assessment across all NHS trusts and a subsequent mandate from national commissioners ensuring a robust, time-limited, standardised process for overcoming data-sharing barriers. This will accelerate the delivery of NHS datasets to AI developers which is what this emerging industry needs. This will ultimately help the UK to attract and retain this important industry. The Oxford AHSN will continue to support the development and evaluation of AI technologies in our region.

Contact

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Case Study 3

Theme/Patient pathway/programme:

AI / mental health / Strategic and Industry Partnerships

Evaluating artificial intelligence-augmented decision support tool to assist triage of referrals into secondary mental healthcare

Across England, more than 1.3 million referrals are made each month to secondary mental health services, a process that cost the NHS £326 million in 2019. Each referral must be assessed and triaged by a clinician, starting with a review of the patient's referral documents and, often, their historical medical records. Reviewing often extensive electronic health records (EHR), collating all contacts with services and progress notes before making a referral can be time-consuming for hard-pressed clinicians and patients alike. Chronosig is an innovative AI-augmented support tool being developed by clinicians and scientists at the University of Oxford. Using natural language processing, relevant medical information can be extracted from patient EHR and clinical notes. The Chronosig support tool summarises the patient's clinical and treatment history and makes recommendations to assist clinicians' decision-making. The tool also provides summary information alerting clinicians to patients with more complex or difficult to treat disorders. The Oxford AHSN team conducted a barrier to adoption study, speaking to key stakeholders in relevant roles along the care pathway to determine the potential of the technology to improve triaging of patients in the secondary mental healthcare pathway, ensuring that patients quickly get onto the right treatment pathway.





Case Study 3

Theme/Patient pathway/programme: AI / mental health / Strategic and Industry Partnerships

What is the challenge?

In the UK, mental healthcare is stratified into primary, secondary and tertiary services. In 2019/20, more than 2.8 million people in England were in contact with secondary mental health services.

Delays and inefficiencies in referral, triage and assessment lead to more patients in crisis resorting to attending emergency departments (EDs), shifting the care provision from secondary mental healthcare to acute general hospitals. In 2013/14, 6.2 million ED attendances across England were for mental health problems, with 50% discharged home.¹ Timely and streamlined referral and triage could prevent delays and benefit patients, as well as reducing the burden on acute hospitals that are often used as a 'last resort' by patients unable to access mental healthcare.

What did we do?

The Oxford AHSN performed a barrier to adoption study to evaluate the need, perceived usefulness and level of acceptance of the AI-augmented support tool Chronosig for triaging patients referred to secondary mental health services, and to gain a better understanding of its capability and limitations in routine care settings. Secondary research was conducted to understand the current approaches used for triaging patients referred to secondary mental health services. Stakeholders were also interviewed to confirm the outputs of the secondary research and to gain their views on its potential benefits and barriers to adoption in their clinical practice.

1. Baracaia, S., McNulty, D., Baldwin, S., Mytton, J., Evison, F., Raine, R., Giacco, D., Hutchings, A., & Barratt, H. (2020). Mental health in hospital emergency departments: Cross-sectional analysis of attendances in England 2013/2014. *Emergency Medicine Journal*, emermed-2019-209105.



Case Study 3

Theme/Patient pathway/programme: AI / mental health / Strategic and Industry Partnerships

What has been achieved?

Stakeholders agreed that Chronosig has the potential to help standardise the referral process so that all patients can access the same offer of care. This barrier to adoption study showed that Chronosig was seen as a potentially useful addition to the triage process, particularly for services such as single point of access. Providing a summary of the patient's past psychiatric history was one of the main perceived benefits of the technology in a context where reviewing patients' notes is time-consuming and secondary mental health services are under high pressure. The treatment history feature of Chronosig was also found to be useful, especially for informing future clinical decisions for difficult-to-treat patients. However, more evidence of its technical capability and clinical relevance is needed to demonstrate its usefulness in triaging patients to the right treatment team.

What people said



"Our project included a substantial piece of work on NHS scalability and how the proposed technology would integrate with clinical services and the standard operating processes involved in triaging people referred to secondary care mental health services. After speaking with the Oxford AHSN, they generously agreed to conduct a deep dive into the project's work packages and devised a meticulous programme of research to identify the barriers to adoption. The resulting package of work was so in-depth and driven by the AHSN's expertise that we added the AHSN as a formal partner on the project. The resulting report delivered a thorough evaluation of the project, its mesh with NHS practices and contained invaluable feedback from clinical stakeholders. Consequently, we were able to rapidly revise and pivot the project to deliver what clinicians want, rather than what we had expected."

Dan Joyce, Honorary Senior Research Fellow, Chronosig

What next?

A real world health economic evaluation is required to determine the cost-effectiveness of the proposed introduction of Chronosig into routine clinical practice and to inform a business case for adoption and spread of the technology.

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Case Study 4

Theme/Patient pathway/Programme:
AI / Asthma / Strategic and Industry Partnerships

Evaluation assesses home monitoring device which uses AI to predict and prevent asthma attacks in children

Asthma is the commonest chronic childhood condition affecting 1 in 11 children. Acute asthma attacks remain a leading cause of unplanned hospital admissions, emergency visits and missed schooldays. Early recognition and management of deteriorations in asthma control can prevent attacks and emergencies. Albus Health invented a contactless and automated table-top device called Albus Home. Employing advanced signal processing and artificial intelligence (AI) algorithms, the multi-sensor platform monitors a range of physiological metrics (such as respiratory rate and cough) and indoor environmental metrics (such as temperature, humidity and air quality) without anyone having to do or wear anything. This enables continuous, objective and accurate monitoring for any patient and for as long as needed, without burdening them. The Oxford AHSN team conducted a feasibility study, speaking to key stakeholders along the care pathway to assess the clinical needs, user requirements and perceived usefulness of the Albus Home monitoring device in the severe asthma pathway for children.





Case Study 4

Theme/Patient pathway/Programme: AI / Asthma / Strategic and Industry Partnerships

What is the challenge?

More than one million children in the UK currently receive treatment for asthma. The estimated financial burden of asthma on the NHS is at least £1.1bn annually. Acute asthma attacks are a leading cause of unplanned healthcare use, in particular for children with severe asthma who can have multiple attacks each year. Uncontrolled asthma can have a detrimental effect on a child, causing permanent deteriorations in lung function, missed schooldays and decreased quality of life. The impact on parents/carers is significant too.

What did we do?

The Oxford AHSN carried out an initial literature review to explore the evidence base surrounding paediatric asthma management and identify the current care pathway in the NHS. In addition, a schematic diagram of the current and proposed asthma management pathways was developed in collaboration with clinicians. The Oxford AHSN also facilitated an online workshop which brought together key stakeholders to discuss the results and implications of a prior feasibility study to assess the utility of a paediatric asthma home monitoring device, barriers to adoption and how they could be overcome. The Oxford AHSN feasibility study evaluated the technology's utility in the paediatric asthma care pathway. The key objectives of this study were to assess the potential impact of the Albus Home monitoring device in a home setting to prevent exacerbation and the feasibility of adoption in the care pathway. This project was funded by the National Institute for Health and Care Research (Artificial Intelligence, Prediction and Prevention of Asthma attacks in Children AI_AWARD02005) and NHS England.

What has been achieved?

Stakeholders from the evaluation reported there were significant limitations with existing tools (such as symptom diaries and peak-flow tests), in particular of poor adherence with most patients and families not using them, and unreliable results for children even when used.



Case Study 4

Theme/Patient pathway/Programme: AI / Asthma / Strategic and Industry Partnerships

Stakeholders identified several potential key benefits of implementing the contactless and automated Albus Home device for asthma monitoring including:

- Improved patient outcomes - identifying early warnings, along with timely interventions to prevent emergencies (reducing morbidity and mortality) and enable optimum recovery.
- Healthcare cost reduction and improved operational efficiency, such as reductions in unplanned healthcare and the financial burden on the NHS, and the optimising of medications for patients.
- Improved long-term management – using objective data to establish a baseline for their patients and identifying deviations and variations of asthma control.
- Improved patient experience - improved symptom management and prevention of attacks.
- Improved presentation of risk - notifying patients/parents/clinicians and prompting early intervention and improving asthma care management.

What people said



“It has been fantastic to work together with the Oxford AHSN so far in this exciting project. The AHSN team have brought a collective wealth of experiences and expertise in helping implement and scale innovations within healthcare. Working with the AHSN has helped ensure thorough and diverse stakeholder input from the beginning of the project, helping to understand potential challenges to adoption that could be proactively addressed during the R&D stage. Moreover, understanding the clinical pathway and health economic evidence requirements for successful future adoption was helpful in planning the clinical studies so that the key data is collected. We look forward to continuing to work closely through the rest of the project!”

Dr William Do, Medical Director, Albus Health

What next?

A clinical study is currently running at two leading paediatric asthma centres, Birmingham Children’s Hospital and Royal Brompton Hospital, where children with severe asthma are actively being recruited, to collect evidence and data for evaluating the performance of the Albus system. The Oxford AHSN will carry out a health economic analysis once clinical study data is collected to support the adoption of the Albus Home device in the paediatric severe asthma pathway.

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Operational Review

Overall performance on 2022/23 has been good. Apart from Inclisiran, which mirrors national underperformance, we have delivered against the national programme trajectories. The Clinical Innovation Adoption team led the national roll out of asthma biologics which has delivered – the successful delivery was cited by the SoF at the Association of British Pharmaceutical Industries conference in April. Oxford AHSN's approach through designing a new clinical pathway for severe asthma treatment is being emulated by NHS England for other medicines. Two other key programmes which emerged in 2022/23 and were not in our business plan have also gone well – support for the implementation of virtual wards in BOB ICS and the development and support for InHIP projects in BLMK, BOB and Frimley ICSs which are addressing inequity of access to evidence-based NICE approved medicines to prevent CVD and treat severe respiratory diseases.

As reported in Q3, NHS England has given AHSNs a one-year extension to the current licence and a cut in core funding next year of £0.7m. In April NHS England confirmed the commission for patient safety and increased the budget slightly. With additional cost pressures from the proposed NHS AfC pay increase, our forecast deficit for 2023/24 is £0.5m, £0.2m worse than the planned deficit of £0.3m. The deficit can be mitigated through use of reserves or increasing other income before the end of March 2024.

Continuing the focus on CVD, MatNeo, Mental Health and Respiratory Disease, Urgent and Emergency care and Frailty, our 2023/24 business plan aligns with the priorities of the ICBs we support. We will be supporting the three ICBs deliver polypharmacy and BOB and Frimley with Transforming Wound Care. We have nine CVD projects in our portfolio. All AHSNs will partake in a national CVD programme in 2023/24 and embark on an obesity programme from the autumn. In Q4 we have been working with the ICBs on their research and innovation strategies and joint forward plans.

CVD – The national programme came to an end in its current form on 31 March 2023. We look forward to continuing to support our ICBs with CVD prevention in general and a specific focus on hypertension. Across the lipid management and Inclisiran workstreams the AHSN has supported ICBs to secure £470k funding in 2022/23 to support lipid management initiatives. These projects will largely be delivered in 2023/24 and we will continue to work with our ICBs to ensure successful delivery. A new AHSN Network national programme will be developed in 2023/34.



Operational Review

Key findings from year 2 of the Brainomix AI Stroke Imaging Technology Evaluation have been positive, standing the programme in good stead for year 3, with delivery of the health economics paper scheduled in Autumn 2023. Clinicians are confident about e-Stroke and can identify many benefits and positive outcomes from its introduction into the acute stroke pathway. Of most value is the technology's decision support capabilities, along with better sharing of data and images supporting the quicker transfer and acceptance of patients for mechanical thrombectomy (MT). Clinicians believe that e-Stroke has led to the identification of more eligible patients for MT. Sites in our evaluation have a higher rate (4.21%) of MT than the national average (2.9%) and consistent use of e-Stroke has the potential to further improve rates of MT, particularly when the stroke pathway is optimised.

Mental health - 94% of the ADHD trajectory was delivered in Q4, the shortfall was due to delays in staff training, however, the full year trajectory was exceeded. As the programme finishes, QbTest has been adopted across the region, apart from in Buckinghamshire Healthcare. On a wider footprint, because of the Focus ADHD programme, we have collaborated with Kent Surrey Sussex, and Wessex AHSNs to set up and run a successful Community of Practice group for professionals involved with children's ADHD assessment services in the SE region. Two members of this group have offered to take the CoP forward as AHSNs step back from this role. This will sustain the programme and create a legacy from the work that has been completed over the life of the programme.

The national AHSN FREED programme closed on 31 March 2023. All eating disorders services in Berkshire Healthcare and Oxford Health have adopted, or are in the process of adopting, FREED. The CoP established across the South East will continue to share good practice and inspiration.

Respiratory - the **Asthma Biologics** programme closed on 31 March 2023. The programme was led, designed and delivered by Oxford AHSN in collaboration (working with AAC, AHSN Network, industry and the NHS system), creating significant impact across the asthma clinical pathway, from identification and diagnosis to monitoring and treatment.

The programme leaves the NHS with a library of resources: educational resources for clinicians which will continue to be available until January 2024; patient information materials translated into seven different languages which will be available and hosted in our online Asthma Biologics toolkit and at Asthma & Lung UK. Over 1,000 healthcare professional (HCPs) attended live webinars, 493 HCPs completed two e-learning modules, with many more accessing them online. More than 20,000 unique users have accessed the Asthma Biologics toolkit. Key patient impacts include 4,316 new patients now receiving life-changing biologics and 3,157 fewer



Operational Review

patients being prescribed 3g or more of prednisolone each month. Building on the national work, in a new local initiative, the first 40 patients from pilot sites were recruited to use 'myAsthma Biologics', a home care monitoring app. Planned "go live" will be in June/July.

RESTORE2 training has now been provided to more than 300 care home staff, primarily across Oxfordshire and Frimley. In addition, we have trained 40 people through our train-the-trainer course which supports homes and support organisations to be self-sufficient in delivering this training in the future. After providing an extended pilot period for RESTORE2 training, the Patient Safety Collaborative has collaborated with regional partners to revise and refine the content and delivery of training. This now provides a consistently well evaluated introduction to using RESTORE2.

The **Polypharmacy** programme will continue to be supported as a local programme with 12 participating AHSNs rather than as a national programme for an additional year (23/24) before being handed over to Integrated Care Boards (ICBs).

The programme aligns well with regional priorities and has been included in medicines optimisation and medicines safety work plans for Frimley, BOB and BLMK ICBs. Of 13,000 patients taking more than ten medicines in BOB, 300 were taking more than 15 medicines and 2,094 were prescribed an NSAID and one or more DAMN medicine, increasing the risk of acute kidney injury. 554 patients were on four or more meds that can have an unintended hypotensive effect and increase the risk of a fall. 349 patients were taking a SSRI/SNRI and two other meds known to increase the bleeding risk, 24 patients are on both an anticoagulant and antiplatelet medication.

The **health and wellbeing** of staff is a growing concern for NHS organisations. NHSE commissioned this programme to understand what supports wellbeing in an organisation and how those leading it can best be supported. In collaboration with NENC, UCLP and Eastern AHSNs, over **500 health and wellbeing leads** and senior responsible officers have given their input through interviews, surveys and workshops. The outputs have been condensed into a possible organisational model and skills required to lead this agenda. The final phase of this programme is testing these theories at sites. Organisational culture is critical to allow this agenda to move forward. We are collaborating with NHSE to co-design competencies for those leading this agenda.

The **Bone Health** project (now known as GRASP-Osteoporosis) is a collaboration between the University of Oxford, PRIMIS and the Oxford AHSN. The project worked with GP practices, initially as a pilot within Oxfordshire, to improve the management of patients with osteoporosis who are at high risk of sustaining a fragility fracture. The project has developed a case-finding tool to ensure high-risk patients are identified and managed in accordance with NICE guidelines and optimised on treatment, thereby reducing



Operational Review

the risk of further fragility fractures. The results demonstrated the positive impact of the project, with 283 patients screened during the project because of improved diagnosis coding for osteoporosis and QOF fragility fracture coding. There were 252 more patients on anti-osteoporosis medication at the end of the project, an estimated 13 fragility fractures have been avoided within the next two years, with an estimated hospital cost saving of £97,274 over the same period.

Communications and Stakeholder Engagement - 2022/23 saw an increase in online resources available through the Oxford AHSN – and in the number of those accessing them. The most popular pages on our websites related to materials linked to the national asthma biologics programme mentioned above, which we led on behalf of all AHSNs, and the publication of a model staff wellbeing strategy for NHS talking therapies services.

Our main and patient safety websites clocked up more than 100,000 page views in the 12 months to March 2023.

We added around 20 videos to our YouTube channel and saw the number of subscribers rise by around a third to 4,300. These were mostly training videos and recordings of webinars. Our videos are attracting 40,000 views per month – and have now topped two million in total – thanks in large part to the award-winning information films for people about to undergo diagnostic scans which were recorded during the AHSN's first five-year licence and are still proving useful to patients.

More than 1,200 people attended our events during 2022/23. The vast majority of these took place online, but we witnessed a long-awaited shift towards more face-to-face activities towards the end of the year. For the first time in three years our regional maternity and neonatal network met in person at the end of March. They are already planning their next face-to-face gathering.

Our social media channels also demonstrated significant growth. We have doubled our followers on LinkedIn in two years (now over 1,600) and we recorded more than 150,000 impressions on our main Twitter account (@OxfordAHSN). We published the 100th edition of our monthly stakeholder newsletter which is delivering consistently high engagement rates and we relaunched Involvement Matters, a newsletter highlighting involvement opportunities for patients and public, produced in collaboration with our regional NIHR partners.

Details of all programmes follow.



Operational Review

Risks (Amber or Red risks only)

For full risk register, see Appendix A

Amber – Inclisiran

The number of doses of Inclisiran ordered remain relatively low, though aligned to the national picture.

In Q4 the AHSN secured £170k to support with the adoption of the secondary care lipid management pathway across each acute Trust in BOB. In parallel we are working with the BOB MO team to educate GPs on what is known about the safety and efficacy of Inclisiran.

The BLMK Halcyon project went live in Q4, and the community lipid service is now able to prescribe Inclisiran.

Amber – Deteriorating Patient Safety Improvement Programme

Despite recent successes in training provision in Oxfordshire, adoption remains low at only with approximately 20% of Care Homes using RESTORE2. This reflects the scale of numbers required to be trained to implement at scale. Training had also been 'gapped' in Frimley since a successful initial rollout. It was expected to recommence in Q4 however provision by Frimley Care Homes support service remains limited due to operational pressures. Oxford PSC virtual training continues to help to plug the training gap. RESTORE2 training remains 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.



Financial Summary

Q3, for financial year ending 31 March 2023

Income	Opening Plan	YTD Actuals	YTD Variance
Commissioning Income - NHS England Master Licence	-2,723,650	-2,723,650	0
Commissioning Income - Office for Life Sciences	-824,600	-824,600	525
Commissioning Income - PSC	-496,216	-439,763	-56,453
Other Income	-1,835,139	-1,630,220	-204,918
Total income	-5,879,605	-5,618,233	-261,372
AHSN funding of activities			
Patient Safety	586,216	443,034	143,182
Clinical Improvement	383,803	374,578	9,225
Clinical Innovation Adoption	1,750,266	1,548,646	201,620
Strategic & Industry Partnerships	1,011,469	1,104,828	-93,359
Community Involvement & Workforce Innovation	465,195	392,486	72,709
Communications, events, and sponsorship	111,576	109,410	2,166
Contribution to AHSN Network	214,512	214,514	-2
ICS Costs	46,444	10,160	36,284
Grant Payable	0	54,915	-54,915
Programmes and themes	4,569,481	4,252,572	316,909
Corporate			
Pay costs	832,248	850,432	-18,184
Non-pay costs	477,876	515,229	-37,353
Total Corporate Costs	1,310,124	1,365,662	-55,538
Total expenditure	5,879,605	5,618,233	261,372

Dr Paul Durrands ACA CMILT,
Chief Operating Officer, Oxford AHSN



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

New Programme

Health Inequalities: Innovation for Healthcare Inequalities Programme (InHIP) [Added in Q2. Nationwide programme, locally defined and focussed].



National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas



Cardiovascular

The **Blood Pressure Optimisation** programme continues to make good progress. Whilst the national programme comes to an end in its current form on 31 March, we look forward to continuing to support our ICBs with CVD prevention in general and a specific focus on HTN. In Q4, the team has continued to provide support at PCN level for hypertension case finding in BLMK, and engagement with BLMK in developing a hypertension quality improvement programme. There has also been engagement with SE PHE/OHID teams to develop a community of practice for HTN for the South East.

Throughout 2022/23 the AHSN supported ICBs with HTN improvements at system and practice level. We also made strong connections with regional NHSE and OHID colleagues and have worked with them to develop a community of practice to support ICBs going forward.

The **lipid management** programme has also progressed well in Q4, and work in Q4 included the Frimley System Transformation Fund project starting. Progress in quarter included stakeholder engagement, identification of information needs, development of a logic model for evaluation and recruitment of staff to deliver the project. The team ran an educational webinar delivered for BOB ICB on 26th January and provided support to lipidology services with development of a referral proforma.

A final draft **Familial Hypercholesterolaemia** business case was developed for BOB ICB and a successful collaborative lipid fund bid was developed for BOB ICB.

A suite of patient information videos has been developed on lipids adherence. These have been published on the HeartUK website and there are ongoing discussions around displaying these videos more widely, including in waiting rooms at healthcare settings.

Work continues to support local systems with adopting **Inclisiran** including identification of barriers to adoption and potential solutions to mitigate these. The BLMK Halycon project, one that will bolster the capacity of the community lipid service, enabling a further 3,500 high risk patients to be reviewed commenced.

A full view of the Oxford AHSN portfolio for Q4 is available on our website.





National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas



£170k of funding has been secured for BOB ICB to support the adoption of the secondary care lipid management pathway. The work started in Q3, 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 of a mechanism for administration of Inclisiran in secondary care.

Whilst Inclisiran uptake across the Oxford AHSN region is comparatively low during 2022/23, there has been progress made in stakeholder engagement and in understanding barriers and developing solution. In 2023/24 we will continue to work to support the appropriate adoption of Inclisiran, as part of the AAC lipid management pathway.

2022/23 was, in some ways, a reset year for CVD prevention following the COVID-19 pandemic. The AHSN worked with stakeholders to map out variation in pathways and access; to develop solutions and to identify funds. Across the lipid management and Inclisiran workstreams the AHSN has supported ICBs to **secure £470k funding in 2022/23 to support lipid management initiatives**. These projects will largely be delivered in 2023/24 and we will continue to work with our ICBs to ensure successful delivery. The continued involvement and management of the three lipid public partners has ensured the public/patient view has been represented throughout work conducted in 2022/23.

Deterioration: **RESTORE2** training has now been provided to 300 care home staff, primarily across Oxfordshire and Frimley. In addition we have trained 40 people through our train-the-trainer course which supports homes and support organisations to be self-sufficient in delivering this training in the future. Our main focus this quarter has been supporting the implementation of RESTORE2 in the remainder of Order of St John Care Trust homes not captured in the earlier pilot in previous quarters. We have also commenced training to homes supported by (and in collaboration with) North Oxfordshire Rural Alliance (NORA) Primary Care Network.

After providing an extended pilot period for RESTORE2 training, the Patient Safety Collaborative has collaborated with regional partners to revise and refine the content of delivery of training during 2022/32. This now provides a consistently well evaluated introduction to using RESTORE2. We are seeking external funding to maintain the training to ensure that the programme is sustainable.

A full view of the Oxford AHSN portfolio for Q4 is available on our website.





National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas



Maternity & Neonatal

Maternity and Neonatal Safety - evaluation of the new national Maternity Early Warning Score (MEWS) tool pilot by NHSE, and plans for implementation, can move forward when NHSE are ready - Oxford are agreeable; Bucks are unable to participate in implementation due to incompatibility across their trust wide e-obs digital system.

The **Maternity and Neonatal Safety Preterm Optimisation project**. Q4 saw scoping discussions with Bucks New University regarding design and development of a simulation based multi professional education programme in response to the findings from the PTB stakeholder engagement exercises.

Discussions with Unity Insights to incorporate the metrics from the e-lfh platform and the dashboard as part of the **Intelligent Intermittent Auscultation (IIA)** project. Discussions are also planned with BOB LMNS regarding funding a pilot for Year 2 as a larger scale project, the Fetal Monitoring Programme.



Respiratory

The national **Asthma Biologics** Programme came to an end in March 2023. Q4 has been focussed on various comms activities to raise awareness about the impact of the programme and support its closure. Decision to combine two respiratory programmes - FeNO and Asthma Biologics into one single asthma programme narrative - 'Transforming Asthma Pathways. Release of case studies through AHSN Network to tell an impressive holistic story about the innovative and transformative work continuing across the asthma pathway.

The team has continued to raise awareness about available resources for HCPs to improve uptake of e-learning modules. Overall, 96% of participants have provided positive feedback on modules.

All (9) PTF evaluation reports and clarification questions were reviewed, and work continued on writing PTF Evaluation Summary report to show how PTF



National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

impacts the Asthma Biologics Programme. Three case studies drafted to show good examples of the delivered PTF projects.

The second year, 2022/23, of the two-year national programme delivery was successful. The programme was led, designed, and delivered in collaboration (working with AAC, AHSN Network, industry, and the NHS system), creating significant impact across the asthma clinical pathway, from identification and diagnosis to monitoring and treatment.

The Summary Report and the End of Programme Report to be published in Q1 2023/24.

Key impact of the programme includes:

- 4,316 new patients now receiving life changing biologics
- 3,157 fewer patients being prescribed 3g or more of prednisolone each month
- 497 practices using the SPECTRA clinical audit tools
- Over 1,000 HCPs attended live webinars, 493 HCPs completed two e-learning modules and with many more accessing online
- 20,548 unique users accessing the Asthma Biologics toolkit
- Increase in biologics prescribed for self-administration/homecare
- 144 patients across two pilot sites now using My AsthmaBiologics App, with more sites in process of going live (see local projects)

The programme leaves a strong legacy, including a huge number of resources: educational resources for clinicians (will continue to be available until January 2024) and patient information materials translated into seven different languages (will continue to be available and hosted in the AB toolkit on our website and at Asthma and Lung UK). The programme will be hosting a face-to-face event 'The Future of Severe Asthma Care National Workshop' for respiratory leaders across England in July.

Locally the Asthma Biologics project has led to successful delivery of the Integrated Severe Asthma Collaborative (ISAC) PTF project which led to secure successful application for InHIP funding to continue ISAC project in 2023/24.



National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

Oxford AHSN has had great success with the **FeNO** programme and in 2022/23 our system has increased the number of FeNO devices available to patients to 86 – this is the highest number of all 15 AHSNs. In Q4 Oxford AHSN procured an additional seven Bedfont FeNO monitors for the BOB ICS. Six of these will be used to help deliver the extended ISAC work, that is being funded through the Innovation for Healthcare Inequalities Programme (InHIP). The team has helped Healthier Oxford PCN write a case study that demonstrated an innovative solution utilising the EMIS clinical IT system to facilitate sharing of a single FeNO monitor across a PCN. The year end target for both FeNO devices and mouthpieces was achieved, and the most recent data available from NHSE (February 2023) shows that Oxford AHSN currently tops the AHSN leader board for most FeNO devices placed into the system (69 from a target of 16).

The Innovation for Healthcare Inequalities Programme (InHIP) launched in Q2 aiming to enable accelerated access to innovations for people suffering healthcare inequalities across the four clinical areas of focus outlined in the Core20Plus5 approach. During Q4 the Frimley project InHIP to improve the current Asthma and COPD pathway has been under review, with the decision pending whether to add Asthma Biologics therapies to the project scope. The project will continue to support COPD therapy. A data deep dive review is ongoing to facilitate discussions with Connected Care team to agree benchmarks and ongoing metrics capture.

The InHIP to reduce unwarranted variation in cardiovascular outcomes in BLMK project team have been building baseline metrics described in the PID, to ensure that the project can demonstrate impact. The Implementation plan co-developed with system partners is complete, with further development of planning for community engagement is in progress. Development of SOP, training resources and patient-facing material is complete, and the MOU has been sent out to participating Practices, so patients will begin in earnest in Q1 2023/24.

The BOB InHIP to reduce unwarranted variation in severe Asthma outcomes project team have also been looking at project evaluation metrics, reviewing and agreeing them with stakeholders, to ensure that impact in reducing inequalities is both measurable and that patient engagement and involvement in the programme is approached effectively.

A full view of the Oxford AHSN portfolio for Q4 is available on our website.





National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

Although early in the project, in all areas, the work to date has provided an opportunity to carry out a deep data dive, insights from which are not only invaluable for the InHIP programme, but also will be used to inform wider activity across the ICB areas when considering the approach to reducing healthcare inequalities. The work continuing in 2023/24 is an opportunity to build and sustain focus in the area of reducing health inequalities and work collaboratively with a range of stakeholders in the region to provide a new way of developing and delivering programmes with a local focus, but nation-wide scale.

MedTech Funding Mandate (MTFM) 2022/23 programme has made good progress during the year. Products on the MTFM programme from 2021/22: SecurAcath, Placental Growth Factor (PIGF)-based testing, Heartflow and gammaCore. New products added for 2022/23 were 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). For all products, levels of adoption in the Thames Valley area were established in 2022/23, allowing targeted activity in areas of non-adoption. Adoption levels achieved have allowed “graduation” of PIGF-based testing, SecurAcath, GammaCore and Heartflow in 2023/24.

There has been extensive discussion across Oxford, BLMK, Eastern and Wessex geographies with national and local commissioners and providers on red blood cell exchange provision for sickle cell patients, resulting in area-wide options appraisals being formulated to reconfigure both panned and out-of-hours service provision to address patient inequalities.

System-wide interest has been confirmed in **Thopaz+** through the Thames Valley Respiratory Clinical Network, with some providers already taking steps to evaluate the product for adoption, which will continue into 2023/24 and we will also be pursuing the final few contacts to confirm possible value of XprESS adoption in the region.

A full view of the Oxford AHSN portfolio for Q4 is available on our website.





National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas



Mental Health

The **First Episode Rapid Early Intervention for Eating Disorders** (FREED) programme in Q4 has been working towards national programme finish, on 31 March 2023. Work in Q4 has been the consolidation of learning and a report on the successes of the programme, developed regionally, including participation in a national shared learning event in London on Monday 27 March. Alongside this work, Buckinghamshire's FREED service assessed and engaged 11 patients who joined the FREED pathway in Q4.

At programme close on 31 March 2023, all Eating Disorders services in the Berkshire Healthcare and Oxford Health have, or are in the process of, adopting FREED. The service is available to 16-25 year olds with a three-year (or less) undiagnosed eating disorder and is well-embedded within Berkshire and Buckinghamshire. Support will be offered to Oxfordshire's service across the year ahead to ensure that knowledge and learning from the past couple of years is shared. The Community of Practice established across the South East will continue within existing structures and allow for good practice and inspiration to be shared. Successful webinars on the subjects of "The Art of the Possibility" innovations in eating disorders (90 participants), and on Peer Support within Eating Disorder services (69 participants) were well-received, and across the South East region, almost 100 clinical staff were trained in FREED (20 from Oxfordshire, 13 from Berkshire, and 5 from Buckinghamshire).

As expected, the **Focus ADHD** programme numbers of tests have increased over the year, with Q4 falling slightly below trajectory due to leave and training delays. Training has now been scheduled for April, so the numbers of QbTests undertaken will pick up again. For the year 2022/23 the tests undertaken at the new sites are 94% of the projected numbers due to this staff turnover issue.

The national Focus ADHD programme officially came to an end in March 2023. Buckinghamshire HealthCare Trust had decided at present not to implement QbTest, however all other sites in the Oxford AHSN area that diagnose ADHD in school age children, now have QbTest available to support diagnosis. To sustain the programme, Oxford AHSN, along with our colleagues in Kent, Surrey and Sussex and Wessex AHSNs, supported a Community of Practice over the course of the programme for those working in children's ADHD assessment services with the SE Region. Two members of this Community of Practice have now agreed to run the Community of Practice in the future as AHSNs step back from this role, thus enabling sustainability of the best practice sharing element of the Focus ADHD programme in SE Region.



National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

Our three MH Trusts are engaged with **the Mental Health Safety Improvement Programme (MHSIP) Reducing Restrictive Practice (RRP)** programme, however Berkshire Healthcare had chosen to work independently on RRP with two of its wards, without support from the AHSN. This position changed very slightly in March, following an update on the project progress, Berkshire Healthcare has committed to try to send ward teams to the next live learning event, being held in May.

CNWL Milton Keynes Hazel ward is the most advanced project (adoption stage 6) despite changes in ward manager. Work with Oxford Health is intensive, supporting ward projects with in-person, on-site meetings. Supporting Buckinghamshire's two wards has reduced to bi-weekly on-site meetings, the wards are making mixed progress (Ruby adoption stage 5, Sapphire still stage 4) due to some new issues around blanket restrictions on Sapphire ward. The appointment of new ward managers and matron in Q3 has helped the project progress. The team is also supporting 3 Forensic wards. Kestrel ward project is the most advanced and throughout Q4 we supported with weekly on-site meetings (now adoption stage 4). Watling worked on first change idea in Q4 (adoption stage 4), and we managed to get data to complete a first workbook. However, Wenric ward is no longer pursuing a RRP project and instead has started an improving inpatient sexual safety project which we are supporting with bi-weekly meetings.

The biggest change to activity in Q4 has been to begin working with Elysium at Thatcham. We are supporting one ward; Bucklebury, a medium secure male ward. We delivered a long half-day workshop in March, completed the driver diagram and potential areas for PDSA cycles are already identified. Currently the team is confident a project can be delivered by programme end in September.

Q4 saw the QI case study video of Oxford Health's Kennet ward finalised and used at our (South of England 5 AHSN) live learning event on 21st of February. Along with other AHSNs we agreed to amalgamate further meetings of the national Forensic Wards network with PICU and Acute networks, to try to resolve low attendance.

Our work on **Mental Health Safety Improvement Programme (MH SIP)** has demonstrated that AHSN tenacious support to Trusts and projects adds value and facilitates service improvement at the ward and patient level. Our regional approach to MH SIP delivery; working closely with the 4 other south of England AHSNs has been effective and delivered economy of scale and more than the sum of the parts, a useful example for other possible AHSN/project collaborations.



National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas



Other

The year has seen the IIA project has spread to organisations in England and Wales, it is available in countries external to the UK via e-integrity the commercial arm of e-lfh our work with Unity Insights.

The **Medicines Safety Improvement Programme** (MedSIP) - the partnership we have forged with the Frimley ICB Pain Collaborative Board sees us well placed to progress the MedSIP objectives. We will develop a measurement plan to monitor progress for this. Once measurement of the workplan is available, we will share this information with BOB MO leads.

In addition, Frimley ICB has announced a Medicines Optimisation (MO) initiative for 2023/24 which will remunerate GP practices to engage in quality improvement work on opioid tapering and undertake training in delivering Structured Medication Reviews; this will provide an important incentive into the system at a time when the QOF QI module on drugs of dependency is being withdrawn. We have agreed to provide support at system level for this scheme. We also plan to support the Frimley MO education programme to deliver a webinar for Primary Care on deprescribing opioids.

The **Polypharmacy** Programme started as a national programme 2022/23. Frimley, BOB and BLMK ICB all engaged with the AHSN to take the programme forward. All 3 ICBs assigned leads from within their medicines optimisation teams and included polypharmacy in their ICB medicines optimisation and medicines safety plans. This firmly embedded the programme and was instrumental in the programme being continued as an AHSN network wide programme for a second year 2023/24.

The second Community of Practice (CoP) for Frimley ICB was held in February, this was an evening event to enable community pharmacists to join. 17 people attended. 61 people have expressed an interest in being part of the Frimley CoP. The first CoP is being organised for BLMK on 27 April, 71 people have expressed an interest in being part of the BLMK CoP. Information about the programme and dates of planned events have been added to the Oxford AHSN website. This information is via newsletters and the CoP.

A full view of the Oxford AHSN portfolio for Q4 is available on our website.





National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

A South-East AHSNs cohort Action Learning Sets (ALS) is being planned and promoted for May and June. To date, 16 prescribers across Frimley, BOB and BLMK ICB have registered to attend. Additional cohorts are being planned to be delivered in 23/24. Four sites have come forward to take part in the pilot to test the Me and My Medicines Campaign. As of 04.04.23, 16 patients and 1 clinician have submitted feedback. These responses will contribute to a national level evaluation that will inform wider roll out. A local level focus group is being planned in May to gain additional insight from participating sites. In the first year, the ALS were delivered by the national team. 25 prescribers across Frimley, BOB and BLMK ICB completed the polypharmacy ALS. 16 additional prescribers have registered for the cohort being run in May and Jun 23.

To support the Polypharmacy project the team is commissioning polypharmacy health inequalities dashboard. This was following a request from ICB Medicines Optimisation Leads for a greater focus on health inequalities to be included in the programme. The specification has been agreed and completion is planned for June.

A Working Stakeholder group for the **Transforming Wound Care Programme** is now established. A new project manager started in Frimley in January 2023 to lead the programme, with a project plan now in place, and further discussions relating to the adopt and spread model underway. Plans to establish a self-care model within care homes in East Berkshire are being developed. A dedicated lower limb clinic within Frimley Health and Care ICS was successfully launched on 4 April 2023.

Feedback from the TES in Frimley Health and Care ICS has been very positive. The clinical nursing manager has reported that a key element of the pathway where clinicians are asked to implement compression immediately on presentation of wound has worked well. Feedback from practice staff has been very positive and the programme has instilled a cultural focus on leg wound management. This has led to sparking other ideas of how to improve operational efficiency. The clinically pathway has led to more rapid diagnosis of lower limb issues and prompt referrals to the specialist services. They have several patient cases who have already benefited from the pathway with vast improvements to their overall lower limb health. We are hoping to publish some of these successes as case studies.

A full view of the Oxford AHSN portfolio for Q4 is available on our website.





National Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

In Q4 the **Virtual Ward (VW) and Virtual Care (VC)** programme team undertook detailed planning for the evaluation across BOB ICS. This has involved the development of a comprehensive evaluation plan using engagement from a wide group of stakeholders to establish the scope, the questions of interest and outcomes framework detailing a set of meaningful outcome measures to assess the impact of the VW programme. Formal governance has been established with evaluation sub-group meetings and reporting to the BOB VW programme board occurring monthly.

A reconciliation of data across the ICS has been completed - reviewing available data sources and identifying data gaps to work towards consistency in data reporting, whilst recognising different models, settings, and systems in use. We also supported BOB with their choice of outcome metrics for the VW Impact tracking dashboard and supported Berkshire West with their benefits realisation and future business planning workstream.

The team developed an implementation plan for Butterfly IQ point of care ultrasound device to be used as the point of care testing solution across all providers in BOB. A 'share and learn' session on point of care testing to Virtual Ward providers across the South East was delivered jointly with AHSN colleagues from KSS and Wessex AHSNs.

Work on the Virtual Ward and Virtual Care programme during 2022/23 has focussed on bringing stakeholders together to encourage collaboration and knowledge sharing across BOB ICS. This has facilitated the co-design of the evaluation which will be conducted during 2023/24.

A full view of the Oxford AHSN portfolio for Q4 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

Data-driven system for individualised CT6 analysis to enhance clinical decision-making and avoid foetal damage during labour



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: Q4 Highlights

Highlight report by Clinical Focus Areas



Cardiovascular

Oxford AHSN/ARC OxTV **NHS Insights Prioritisation Programme (NIPP) project** pathway mapping sessions were completed with 14/21 trusts. The NIPP project team applied for and were given a two-month extension, due to the challenges with recruitment for the patient and staff interviews linked to the PIC process. The project is now due to complete end of May '23 and is on track to meet this deadline. Each workstream is completing their analysis, ahead of the completion of two reports, one for NHSE (a rapid insights guide aimed at ICS commissioners) and a more detailed evaluation report/ improvement guide for TIA/ Stroke services and the Integrated Stroke Delivery Networks (ISDNs). We have taken an active part in the central NIPP evaluation, looking at success and lessons learnt from the programme.

The NIPP project has been an excellent opportunity for the AHSN and ARC to work collaboratively together on an evaluation. There have been opportunities for capacity development for both teams and the approach taken can certainly be applied for similar programmes of work.



Respiratory

MyAsthma Biologic app was a new project, initiated in Q3 2022/23. Progress in Q4 has been good, confirming the evaluation sites, the numbers of patients and staff to be interviewed and refining the agreed approach to the evaluation, supported by creation of a logic model. The project will need to seek ethics approval to interview patients. This will be obtained through University Hospital of Southampton NHSFT's "ERGO" process. Assuming ethics approval can be sought in a short time period, planned "go live" will be in late June / early July based on current timings. In 2022/23 this new evaluation project has quickly got off the ground, formed from a sub-team from the Asthma Biologics RUP and evaluation expertise from Oxford AHSN. This project will continue in to 2023/24 with a view to delivering a trial protocol in Q2 of 2023/24.



Local Projects: Q4 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 feasibility study report was submitted on the acceptance and barrier to adoption of OxSys a decision support tool for improved clinical decision-making around labour management and CTG monitoring by providing timely, data-driven, and individualised assessment of fetal wellbeing. The report was received well and there are discussions going on the real-world evaluation in future.



Mental Health

The **Personality Disorder Positive Outcomes Programme** (PDPOP) delivers training (in person or online) for whole teams within general practice and primary care network staff to increase confidence and skills when attending to patients with personality disorder. PDPOP training has continued to be delivered to practices across the South East, with pre- and post- questionnaires being collected, transcribed, and analysed following the training. A number of interviews have been conducted and the 4-6 week follow-up questionnaires from relevant practices have been circulated, chased-up, and transcribed for analysis. Invitations to GP Leads for the 6 monthly follow-up interview are in preparation. Initial findings from the process were delivered at an event at Cumberland Lodge which was attended by many of the Primary Care Leads and PDPOP trainers.

The PDPOP Evaluation process will continue into the new financial year with scope to expand the number of practices trained and evaluated using the Kirkpatrick Level 3 Evaluation Model. Interviews with the GP Leads and colleagues who've received the training in 21/22 will continue to be conducted before a report is drafted and submitted in the summer. Relevant academic papers will also be prepared for submission for publication.



Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

Anxiety and Depression (IAPT) Network continued to work to increase access to psychological therapies for older adults – during Q4 we continued to facilitate sharing sessions between IAPT older people leads where they could discuss good practice of increasing uptake by older people. The Network has ceased as of 31 March 2023, but the older people leads in Talking Therapy services, within Berkshire, Buckinghamshire, Oxfordshire and Milton Keynes will continue to work together to ensure that older people have appropriate access to and uptake of Psychological Therapy services. IAPT resources and published material, has been passed to Professor David Clark who will host materials on a special page on the OxCADAT Resources website for all IAPT services to access them.

The **Staying well protocol** (to prevent relapse) which was developed by the Anxiety and Depression network, and which is now implemented throughout Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire, is now being rolled out nationally - a national webinar was held in March to raise awareness with Talking Therapy services - 108 people attended the webinar.

Digital innovation companies were interviewed in Q1 for the **Digital Support for Children and Young People (CYP) Project**, in collaboration with BOB ICS. Publication and promotion of the CAMHS Digital Report has prompted further conversations with some suppliers and innovators. Interest from BOB and Frimley ICSs led to presentations at various digital groups and fora where opportunities for building on this piece of research were identified. In due course this may lead to projects around roll-out and real world evaluation. Q4 has seen continuing discussions with ICB contacts and boards around potential digital solutions and approaches. Oxford AHSN presented key findings from the CAMHS digital report at the Maiden digital health showcase event at Keble College, Oxford. The report has been widely distributed and well-received. Although it is understood that it will have been out-of-date almost as soon as it was published, it represents a point in time, and a useful reference tool for anyone interested in understanding what is available, digitally, for children aged 18 years or younger.

Discovery College (Oxfordshire) Evaluation of Pilot - based on the Recovery College model, Oxfordshire Discovery College has been developing pilot courses aimed at children and young people within Oxfordshire. It aims to promote emotional literacy and improve understanding - for young people and their parents - around the mental health issues that affect them (or may affect them). Conducting semi-structured interviews with tutors delivering the pilot programme through the emerging Oxfordshire Discover College offered an (albeit limited) insight into what benefits, challenges and opportunities could be offered via such a method to those aged under 21 years of age, including primary school aged children.



Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

The interviews conducted were constructive but, ultimately, raised questions that could not be answered based on the limited sample interviewed (and limited opportunity given the small number of courses offered via the pilot). However, there is scope to revisit this - potentially having engaged with more established Discovery Colleges in other parts of England - in a year or two's time once the Oxfordshire programme is better established and defined/enshrined as a template or process which could be used to replicate this approach.



Innovation and Innovator Support

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 perioperative, NELLI, Caristo and Perspectum projects). It is important that the evidence is robust enough to support long-term adoption.

The Seizure detection device **NELLI** has been live in two sites since Q2. The practical side of project is complete - 34 patients have had recordings taken and reported back on. Royal Wolverhampton have reported good patient outcomes - treatment regimes optimised, or further investigations have been selected that wouldn't have been possible without Nelli. Oxford University Hospitals data is needed to complete the Health Economics and Sustainability reports, as well as business cases. No data has yet been received from Oxford University Hospitals due to operational pressures – but the team is investigating mitigation actions if this data is not forthcoming. Meetings have been arranged for Q1 2023-24 with Wolverhampton to discuss business case going forward while the health economics is being modelled. Royal Wolverhampton are very keen to procure the technology, provided that the health economics are worthwhile.

During this quarter, the **Adopting Innovation and Managing Change in Healthcare Settings programme's** 14th Cohort, consisting of 22 NHS professionals, commenced in March, aiming to introduce an additional 22 new change projects into the healthcare system.



Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

Throughout this quarter, we have also provided support to NHS organisations in understanding innovation adoption and how it can be adopted within their settings. We worked closely with Berkshire Healthcare and its innovation team to shape their innovation module for their workforce. Furthermore, we are actively involved in supporting the AHSN Network's Innovation Adoption Champions programme, which strives to create a nation-wide initiative to enhance innovation adoption and encourage a culture of innovation across the healthcare workforce. As a part of this initiative, the network is creating curated learning playlists, and we have shared information on the Adopting Innovation and Managing Change in Healthcare Settings programme to support this effort. In addition, the team has joined the AHSN Network's Adoption and Spread Community of Practice, which is working towards developing a national innovation adoption capabilities programme to benefit the healthcare system. We will also be sharing insights and lessons learned from managing the programme to contribute to this effort.

Unfortunately, the programme remains at risk due to the lack of secured funding.

The programme is aligned with the commitments of Health Education England (HEE), NHS England and Integrated Care Systems (ICSs) to create a skilled and adaptable workforce. By improving the change management capabilities of the region's workforce, the programme aims to create change agents from these NHS professionals who will serve as catalysts for innovation adoption.

The programme has already enhanced the skills of a substantial number of healthcare professionals, with 332 NHS professionals upskilled to date and 332 change projects introduced into the system. This year, the programme has introduced 76 new change projects with 76 new NHS professionals engaged with the programme, highlighting the significant impact and value of the initiative.

This year, the programme has expanded its reach to the whole South East region. HEE South East has recognised the significance of developing change management and innovation adoption abilities of allied health professionals (AHPs) to enhance their professional leadership and influence and provided funding to support the programme for three cohorts of AHPs and other NHS staff across the South East in 2023.

A full view of the Oxford AHSN portfolio for Q4 is available on our website.





Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

NHSX-AAC Artificial Intelligence in Health and Care Award – Evaluating Brainomix AI Stroke Imaging Technology (2021-Mar 2024) – The last quarter’s activities have culminated our annual report submitted to the AAC on Friday 31 March.

As follow up to the ISDN reports circulated at the end of 2022, we hosted a successful formative feedback session online led by Dr Kiruba Nagaratnam on 7 February to gain valuable insights from clinicians using e-Stroke across the evaluation.

We have continued analysis of the latest quarter of SSNAP data which has been converged with what we understand to be true of sites from our qualitative findings in order to determine why stroke services vary and to make sense of unique findings and outliers. Part of this work has included the creation and distribution of a workforce survey to quantify staff levels pre and post implementation. We are also working to re-map stroke pathways post implementation of e-Stroke to identify and isolate changes. In 2023/24 we will continue collection of both quantitative and qualitative data sources with analysis focussing on; impact of extending treatment window for patients eligible for MT; increased use of CTP to determine patient eligibility; how e-Stroke is utilised out of hours; equity of access to services and other emerging themes. Continue to review new and emerging evidence and publications. Health economics paper to be published Autumn 2023.

In 2022/23 we have:

- Undertaken qualitative work including; midterm survey to track changes in perceptions of the technology; workforce survey to determine changes to the stroke team over the duration of the evaluation and; pathway mapping survey to determine changes to the stroke and imaging pathways since the introduction of e-Stroke.
- Created a database to analyse quantitative data sources from SSNAP, HES and technology usage.
- Established hospital sites typology based on static demographic factors to understand how stroke services differ and created a replicable framework that can be used by Trusts to predict impact of e-Stroke which is also applicable to other projects.
- Presented at the Brainomix Shared Learning Event on the findings of the evaluation.



Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

Key findings in Year 2 (22/23):

- Clinicians are confident about e-Stroke and can identify many benefits and positive outcomes from its introduction into the acute stroke pathway. Of most value is the technologies decision support capabilities, along with better sharing of data and images supporting the quicker transfer and acceptance of patients for MT.
- Clinicians believe that e-Stroke has led to the identification of more eligible patients for MT. Sites in our evaluation have a higher rate (4.21%) of MT than the national average (2.9%) and consistent use of e-Stroke has the potential to further improve rates of MT, particularly when the stroke pathway is optimised.
- e-Stroke has improved ISDN communications, expediting review and acceptance of patients for transfer.
- Increased and consistent use of e-Stroke has a positive impact on DIDO times at ASCs, with sites adhering to the NOSIP recommendations and acquiring all available imaging at the same time seeing greater efficiencies. This is where the biggest impact on decision to treat times is realised.
- The use of e-Stroke is facilitating the treatment of patients with MT up to 24 hours from time last known well.
- Early analysis suggests that more favourable clinical outcomes are observed in patients post implementation of e-Stroke, however, it is important to consider that the introduction of e-Stroke would, in part, facilitate the identification of eligible patients that wouldn't previously have been considered for MT which may neutralise the impact.

A full view of the Oxford AHSN portfolio for Q4 is available on our website.





Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas



Environmental Sustainability

Oxford AHSN continues to drive the environmental sustainability agenda. In Q4 Workshops 2 and 3 of the Clean Air Framework (CAF) series were held. The team continue working closely with Frimley and BOB on implementing the CAF with Global Action Plan. Sustainability events in Q4 have included. Bridging the Gap, two net zero workshops completed and the KM-SHARe event.

Under our three strategic goals in the National Network strategy, in 2022/23 Oxford AHSN has:

1. Influencing net zero in the NHS

Presentations and workshops held at Confed Expo, SEHTA, Brighter Together, SETsquared, Innovator Net Zero, KM-SHARe and Bridging the Gap. Sustainability assessments complete for PROMAPP and in progress for TIA and starting to be explored for TWC.

2. Supporting innovators

Innovator support package complete and to be presented at the COI for final approval. Presented to many innovators and supporting SBRI winners.

3. Engaging with ICSs

Asthma resource designed and created, to be distributed and engagement plan executed. ICS engagement through the national programme of the Clean Air Framework. Two ICSs engaged with in Oxford: BOB and Frimley.

A full view of the Oxford AHSN portfolio for Q4 is available on our website.





Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas



Other

The regional **Bone Health** programme results from final reports were analysed and reviewed with the clinical champion in Q4. A project close report has been developed, which will be available for dissemination in early Q1 2023/24. Initial practice results were circulated to the individual participating practices, and the final paper will be shared with them in Q1. The findings will be presented at a BOB osteoporosis management webinar in April.

Work is ongoing with PRIMIS to develop the search tool in other primary care systems, e.g. TPP SystemOne.

The results demonstrated the positive impact of the project. The key findings are:

- 283 patients screened during the project.
- Improved diagnosis coding for osteoporosis and QOF fragility fracture coding.
- An additional 252 patients on anti-osteoporosis medication at the end of the project.
- A projected 13 fragility fractures have been avoided within the next two years, with an estimated hospital cost saving of £97,274 over two years.
- Project report finalised in March 2023 and has been shared with the BOB ICB meds optimisation team and will be shared with other relevant stakeholders.

The Elastomeric devices team has published practical implementation guide and other resources providing a complete overview of the device, the benefits to patients and the health economy, how to introduce and how to monitor impact. These resources are available on the Oxford AHSN website: <https://www.oxfordahsn.org/our-work/adopting-innovation/local-programmes/elastomeric-devices/implementation-support/> This is a repository of information to support trusts wishing to introduce the devices into clinical practice. The resources include an interactive supporting document, series of short videos, overview of devices in practice at other trusts and links to relevant resources. Meeting with the Buckinghamshire Healthcare OPAT team to understand the model of care used - this will be added to the online resources. The Elastomeric devices project has been very successful throughout 2022/23, with activity highlights this year including:



Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

- Baseline survey sent across South East region.
- Nine separate meetings held with organisations across the South East (and some outside of the region) with the OUH clinician to discuss implementation of devices within the organisation. These meetings have been very well received by the interested organisations.
- Continued collation and analysis of data from OUH in order to understand the impact this service has had on the Trust and wider health economy.
- OUH clinician was invited to speak on their elastomeric service at the Hospital at Home World Congress in March 2023.

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 during 2022/23. There have been some blockers to this project in Q4, however progress has been steady. Three of the four technologies in the peri-op evaluation have been deployed and the final technology has been procured and is currently going through integration at OUH.

During the last 12 months, PRO-MAPP has been used for the preoperative assessment triage of 992 patients waiting for hip and knee surgery. Business case development is underway with a view of roll out PROMAPP into other specialities in OUH. PROMAPP has received exceptionally positive feedback from patients: 100% of patients were very satisfied or satisfied and 92% of patients proposed the questionnaire was easy or very easy to complete.

PRO-MAPP final report for NHSx is being drafted including health economic evaluation. Additionally, a Sustainability and Social Value report for PROMAPP has been drafted and a case study for the NHS Perioperative Digital playbook on PROMAPP was developed and published on the NHS England site: <https://transform.england.nhs.uk/key-tools-and-info/digital-playbooks/perioperative-digital-playbook/digital-preoperative-assessment-triage/>

PRO-MAPP was highlighted as an example of best practice and added to a national collection of NHS best practice case studies which are shared with NHS organisations looking to carry out similar modernisation.

Reports for the other three technologies are delayed and due to be completed in Q1. All reports are shared with NHSE, BOB ICB and NHS colleagues, however a draft Sustainability and Social Value report was produced and the final health economics report was also drafted, to be published shortly.



Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

NIHR Applied Research Collaboration, Oxford and Thames Valley working with Oxford AHSN - the ARC has continued with its planning for the extension, engaging with local system partners and developing project proposals which align with local and regional priorities, along with the DHSC research priorities. Alongside this an informal visit was held with the head of NIHR infrastructure to discuss our ARC impact to date and future plans.

The Implementation Manager led on a review of ARC approaches to implementation, which has been shared with AHSN Chief Officers and ARC Directors.

Key outputs from the ARC during 23/24:

- ARC supported researchers published two papers showing self-monitoring of blood pressure during pregnancy neither results in earlier detection of high blood pressure, nor helps with blood pressure control in those who are pregnant, compared with NHS usual standard of care. It was though well tolerated, with high levels of acceptability.
- The OxWell student survey annual report was published. The OxWell Student Survey measures the wellbeing (health and happiness) of children and young people aged 9-18 years old. The survey is a collaboration between young people, schools, the NHS and the OxWell Study team at the University of Oxford's Department of Psychiatry, supported by the NIHR ARC OxTV. The annual report reveals the scope and impact of the OxWell survey, in terms of both its effects on services and care as well as more broadly, even internationally.
- The research generated by the survey is now being used at a national, local and school level to help provide valuable insights into what students need, which factors influence their wellbeing and how they would like to access help if they have mental health difficulties. The survey for 22/23 recruited 43,000 participants and is currently being analysed.
- Two technologies from the University of Oxford, Online Support and Intervention for Child Anxiety (OSI) and Online Social anxiety Cognitive therapy for Adolescents (OSCA) were among four digital tools recommended for use in the NHS that can help children and young people with mild to moderate symptoms of anxiety or low mood. The recommendation, from an independent NICE committee, is the first ever published as part of the National Institute for Clinical Excellences (NICE) new Early Value Assessment (EVA) for medical technologies, a speedier alternative to the 'NICE medical technologies guidance' typically used for such treatments. The recommendation, from an independent NICE committee, is the first ever published as part of the National Institute for Clinical Excellences (NICE) new Early Value Assessment (EVA) for medical technologies, a speedier alternative to the 'NICE medical technologies guidance' typically used for such treatments.



Local Projects: Q4 Highlights

Highlight report by Clinical Focus Areas

NHSE wishes to understand the best pathway to grow and develop **health and wellbeing (HWB) leads** in the NHS. Oxford AHSN is working in collaboration with the North East North Cumbria (NENC), Eastern, UCLP and Kent Surrey Sussex AHSNs, and an independent researcher. In Q4 site visits have been undertaken to test the theory of change. During 2022/23 over 500 health and wellbeing leads and senior responsible officers have collaborated together with Oxford AHSN, UCLP, NENC and Eastern AHSNs to understand how to grow health and wellbeing in organisations including the skills required to lead this. Organisational culture is critical to allow this agenda to move forward. Collaborating with NHSE to co-design competencies for those leading this agenda.

Health Inequalities Dashboards have become an invaluable resource for the team, and our stakeholders, providing insight to inform work across a broad spectrum of clinical areas. We are currently working on a new dashboard - a Polypharmacy Dashboard - to help with this programme of work. A working group has been established which includes the three Medicines Optimisation leads from BOB, Frimley and BLMK ICBs. Each MO Lead has contributed to the specification to ensure it will meet their needs. The next step is to produce mock-up version which will be ready in Q1 (April 23).

A benefit of the Health Inequalities Dashboards is that they strengthened working relationships in terms of Health Inequalities with ICB senior colleagues. The dashboards have also been useful in our project/programme work, especially at the start-up phase, allowing us to understand our population better and show where to direct our resources. They have also been useful in preparing HI-related material for meetings with our stakeholders.

We continue to socialise the existence of our HI dashboards with external organisations and have most recently demonstrated them to managers at the Office for Health Improvement & Disparities and Berkshire Healthcare.

Research & Development (R&D) - The programme aims to support the development of effective collaboration and working between the NHS and higher education institutes, working with the NIHR and other research infrastructure across the Thames Valley and the AHSN's footprint. The aim is to identify potential innovation for future implementation across Oxford AHSN partners and the wider NHS, to ensure research outputs come with relevant evidence and information for NHS services to understand benefits, costs and value prior to adoption, and to identify and facilitate collaborative research opportunities between NHS and university partners across the Thames Valley. In addition, the group receives updates from national bodies including the NIHR and the AHSN Network via Professor Gary Ford, Chief Executive of the Oxford AHSN and Chair of the AHSN Network.



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. We have very established networks of clinical leaders in the system	AHSN Chief Executive	Programme SROs	06-Sep 13	Ongoing	Green
2	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Low	Med	Ongoing	IRLS funding has been reduced. PSC funding is secure. OLS funding has increased. Plans are in place to increase non-recurrent income in 23/4	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul 14	Ongoing	Green
3	Oxford AHSN Corporate	National Programmes delivery	Reputation Protect breach of contract.	Low	Med	Ongoing	Robust engagement plans in place. FREED and Deteriorating Patient Safety programmes are behind trajectory for delivery, largely due to system/workforce pressures. Detail in the report. For Inclisiran risk see #6	AHSN Chief Operating Officer	AHSN Chief Operating Officer	19-Feb 18	Ongoing	Green
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. 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	AHSN COO meets the BOB ICS Director of Strategy and R&I Lead and the Director of Transformation and Programme Director of Frimley ICB and the BLMK ICB Head of Innovation each month to improve alignment between the organisations. There is shared ambition to make BOB region more attractive to industry healthcare innovators. AHSN involved in ICB strategy and JFP development. We have developed the 23/24 business plan in collaboration with our 3 ICBs, we will review progress against plan quarterly, as well as reviewing strategic priorities to maintain alignment. MOU drafted and with BOB for sign off.	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	Secondary care pathways agreed. Prescribing volumes increasing in line with national figures	AHSN Chief Operating Officer	Director of CIA	Oct 2021	Ongoing	Amber



Appendix B:

Oxford AHSN Case Studies Published in Quarterly Reports (2018 – 2023)

2022/23 Case Study Topic

Evaluation highlights potential of new tool to transform diagnosis and monitoring of patients with rare chronic liver disease
Evaluating AI-enhanced technology to identify patients at risk of developing diabetes
Scoping digital support for children and young people's mental health
New framework supports staff wellbeing in NHS talking therapies services South East
AHSNs collaborate to support adoption of home testing to identify diabetic patients at risk of chronic kidney disease
Transforming asthma care through system-wide collaboration and innovation

All these case studies can be found in previous quarterly reports on our website →

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