Contents

Q2 Report: For the quarter ending 30 September 2023
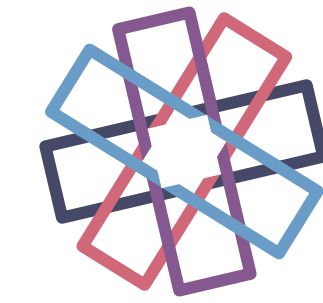
Health Innovation
Oxford & Thames Valley

Chief Executive's summary

It is gratifying for me to report our new licence came into effect on 1 October 2023 and will run until March 2028.
We are now Health Innovation Oxford and Thames Valley, which better reflects the population we serve and our role in spreading innovation across the NHS.

After ten years in post our Chair Nigel Keen has announced his intention to step down from the Board. We are working with our host Oxford University Hospitals NHS Foundation Trust on the process to appoint a new Chair and hope to have a successor to Nigel in post by early 2024.

Preventing and improving outcomes from cardiovascular disease remains an important area we continue to work on with our integrated care systems, utilising a range of approaches and innovation opportunities. Good progress has been made in improving the treatment of cardiovascular risk factors to reduce the burden from stroke and myocardial infarction particularly in our most deprived communities through better use of established high value generic drugs such as Ezetimibe, and defining the role of newer therapies such as Inclisiran. We are working with Oxford Academic Health Partners and our integrated care boards (ICBs) to develop an integrated approach in two of the Life Science Mission areas: obesity/cardiovascular disease and mental health - aligning our world-leading research capability and integrated care system partners with our innovation adoption and pathway transformation expertise to address these major drivers of premature disability and mortality.

The three case studies in the next section of this report highlight innovations aiming to improve patient outcomes in asthma, dementia and liver disease.

After two and a half years, I have stepped down as chair of the AHSN Network. My three aims when I commenced the role were to support the national AHSN Network develop a strategy and business plan, develop a distributed model of leadership across the AHSNs and ensure relicensing of the AHSNs. I thank my AHSN Chief Officer colleagues and their teams for their steadfast support and commitment which enabled these aims to be achieved despite some considerable challenges along the way. I hand on the Chair to Richard Stubbs, CEO of Health Innovation Yorkshire and Humber and wish him every success at this important point in the development of our national network.

Gary Ford

Professor Gary A Ford, CBE, FMedSci,
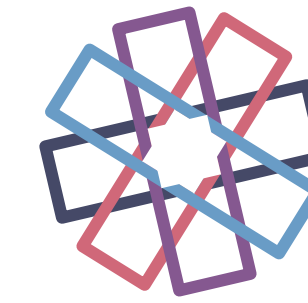**Chief Executive Officer, Health Innovation Oxford and Thames Valley**

Health Innovation
Oxford & Thames Valley

Integrated approach transforms more lives of people with severe asthma

A pioneering initiative is transforming the lives of more people with severe asthma who were missing out on life-changing medication. The Integrated Severe Asthma Care (ISAC) project across Buckinghamshire, Oxfordshire and Berkshire West found hundreds of patients who could potentially benefit from innovative biologic therapies. This was achieved by proactively identifying patients with uncontrolled asthma through a detailed search of primary care records. Specialist pharmacists then worked with multi-disciplinary teams to set up community clinics close to patients' homes with a focus on areas of high deprivation where referral rates were particularly low. Detailed consultations utilising breath test machines helped to identify patients who would benefit from biologic therapies and put them on a fast- track referral to the Oxford Severe Asthma Centre. The new community clinics also offered patients support around other medication and use of inhalers. There was positive feedback from both patients and clinicians.

Case Study 1

Theme/Patient pathway: Respiratory/Severe Asthma

The project received financial backing from the NHS Pathway Transformation Fund and was supported by the Oxford AHSN which led a two-year national programme to increase uptake of biologics for people with severe asthma across England. This medication transforms patients' lives by reducing airway inflammation and helping to manage symptoms leading to fewer hospital admissions. It also reduces reliance on other medicines including oral steroids which have significant long-term side-effects.

What did we do?

The initiative worked with eight primary care networks and reviewed more than 2,000 patients registered at 26 GP practices. Of these, 241 people were identified as potentially benefitting from biologics and were invited to attend a new clinic.

What has been achieved?

The attendance rate at the clinics was 62% (149 patients).

53 people were referred to the Severe Asthma Centre in Oxford.

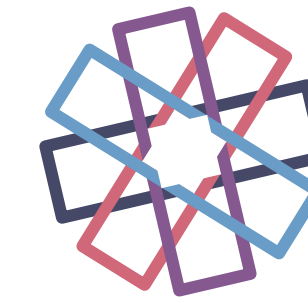90 people started receiving biologic therapies.

45 patients switched to a more environmentally friendly type of inhaler.

An estimated £390,000 was saved due to reduced need for acute hospital care (additional savings expected through fewer side-effects with reduced use of high dose steroids).

Case Study 1

Theme/Patient pathway: Respiratory/Severe Asthma

Health Innovation
Oxford & Thames Valley

What people said

"I've had asthma for over 50 years, but this has been an incredible service. From speaking with the pharmacist to being seen in the hospital. Excellent service which has changed my life."
Patient

"Patients told us that we have changed their lives by taking enough time to take their concerns into consideration."
Ola Howell, specialist pharmacist and ISAC project co-lead, OUH

"We are proud that our small team continues to deliver this innovative and truly integrated service which continues changing lives and bringing clinicians from across the sector together."
Andrew Chadwick, consultant in respiratory and intensive care medicine, OUH

"Ultimately getting earlier specialist and tertiary care reviews through the severe asthma team is highly beneficial for patients. Getting them asthma biologics medication will have a significant impact on improving their health outcomes and quality of life."
Paul Swan, integrated respiratory delivery network manager, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System
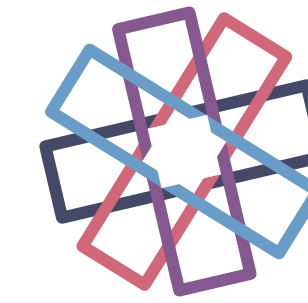
"We were thrilled to be part of this collaborative approach to really understand the key challenges in improving severe asthma care. The integrated approach adopted in Buckinghamshire, Oxfordshire and Berkshire West addressed some of the critical barriers to improving severe asthma care."
Dr James Rose, Director of Strategic and Industry Partnerships, Health Innovation Oxford & Thames Valley

What next?

New patients are continuing to receive biologics beyond the end of the project and the multi-disciplinary teams have been sustained. Six more PCNs are taking part in the next phase bringing the total to 14 covering a total patient population of more than half a million people.

The teams are sharing best practice and lessons learned regionally and nationally in partnership with the Oxford AHSN. A national event for respiratory leaders focusing on the future of severe asthma care took place in London in July (see cover image) and the work was also featured at a Royal Society of Pharmacologists meeting. The project is a finalist in two national awards – **HSJ** (Medicines, Pharmacy and Prescribing category) and **Integrated Health** (Impact category).

The potential to apply this model to other asthma services and other specialties which also rely on high quality referrals from primary and secondary care is being explored.

A further **£100,000 has been secured via the NHS Innovation for Healthcare Inequalities Programme (InHIP)** to continue the ISAC initiative. This is supporting evidence-based management and clinical optimisation of people with uncontrolled and severe asthma living in the most deprived areas. The ISAC team is continuing to proactively identify, review and refer patients to initiate biologic therapy.

There are still several hundred patients eligible for asthma biologics across Buckinghamshire, Oxfordshire and Berkshire West who are not yet receiving them.
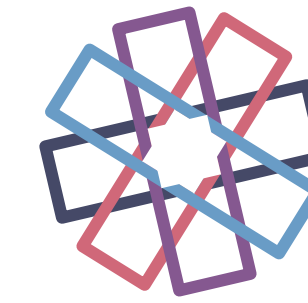
Contact

Marianna Lepetyukh, Senior Programme Manager
marianna.lepetyukh@healthinnovationoxford.org

Case Study 2

Theme/Patient pathway: Digital/Dementia

Evaluation of image analysis technology supporting dementia diagnosis

Almost one million people in the UK live with dementia, with an associated economic cost estimated at £25 billion in 2021. This figure is predicted to increase to £94 billion by 2040 as the population ages.

Magnetic Resonance Imaging (MRI) scans are used to detect subtle changes in brain volume and can help to confirm a clinical diagnosis of dementia. However, changes in brain volume can be hard to identify from brain scans alone.

FSL is a software platform which can extract metrics from brain scans. A research team in Oxford is looking to leverage FSL to extract quantitative brain structure data to support the dementia diagnosis process.

The Oxford AHSN (now Health Innovation Oxford and Thames Valley) carried out a barrier to adoption study to evaluate the potential clinical applications of FSL in the dementia diagnostic pathway in the NHS in England.

What is the challenge?

Dementia mainly affects people over the age of 65, with the likelihood of developing dementia roughly doubling every five years. Dementia can also develop at an earlier age - in the UK, an estimated 70,800 people aged under 65 are living with young onset dementia. Dementia has a huge impact on the life of the person affected, as well as their carer(s) and family. Timely and accurate diagnosis is crucial to provide access to the right care and support.

There are often delays in obtaining a dementia diagnosis. In 2021, the overall waiting time from referral to diagnosis was 17.7 weeks, although this was impacted by the COVID pandemic. In the clinical diagnosis of dementia, structural MRI plays a key role in excluding other pathologies, as well as revealing patterns of brain atrophy. These are currently evaluated qualitatively by neuroradiologists who sometimes use visual rating scales. However, these qualitative ratings are time-consuming, can lack sensitivity and depend on the radiologist's experience.

What did we do?

FSL can quantify individual brain volumes, which can be compared to big datasets, such as UK Biobank for a healthy, age-specific reference population. This can aid neuroradiologists in interpreting the severity and distribution of brain atrophy in people with suspected dementia.

The Oxford AHSN performed a barrier to adoption study using the lean assessment process methodology and engaged with key stakeholders working in the dementia diagnosis pathway to gain insights into the perceived usefulness, potential clinical benefits, acceptability and barriers to adoption of FSL for this clinical need.
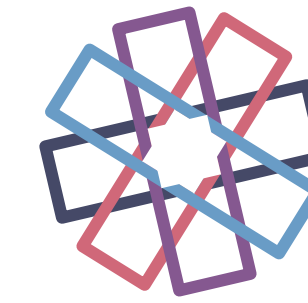
A literature review was also carried out to identify the current pathways for diagnosing people with suspected dementia. The clinical pathway mapping exercise allowed the Oxford AHSN to identify key stakeholders to interview along the pathway. An information sheet on the technology and semi-structured interview questions were compiled. These included qualitative and quantitative questions which allowed clinicians to share their views on the technology.

What has been achieved?

The stakeholders interviewed were very positive about having analysis software to provide quantitative data of brain structures from MRI scans in the dementia diagnosis pathway. One of the key perceived benefits was that it would increase diagnostic confidence and enable better monitoring of the subtle changes in brain volume caused by disease progression. Stakeholders agreed that FSL outputs had the potential to reduce variation and subjectivity compared to existing measures.

What people said

"We have really enjoyed working with the Oxford AHSN and have found the report incredibly useful for our project. The report was very comprehensive and clear, covering all the important aspects of the technology. The AHSN provided an excellent mix of quantitative and qualitative information that can be used to advocate for the importance of the technology, whilst also providing constructive feedback for must-have features. We would love to work with the AHSN in future as the project progresses!"

Ludovica Griffanti, Associate Professor and Alzheimer's Association Research Fellow, University of Oxford

What next?

The team has successfully secured further funding to build an early stage prototype. They will look to integrate this into the Oxford Brain Health Clinic, a hybrid clinical-research service for patients with memory problems, to test the technology in a real world memory clinic setting.
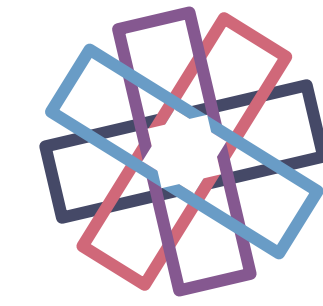
Contact

Florence Serres, Project Manager

florence.serres@healthinnovationoxford.org

Health
Innovation
Oxford & Thames Valley

Evaluation of AI technology to diagnose and monitor rare chronic liver disease

Primary sclerosing cholangitis (PSC) is an uncommon chronic liver disease which affects approximately seven people in every 100,000 in the UK . Accurate diagnosis is critical to ensure patients with rare hepatobiliary diseases such as PSC receive the right care and avoid invasive and expensive alternative investigations.

Perspectum Diagnostics' MRCP+ is a non-invasive diagnostic tool that uses artificial intelligence (AI) to support the diagnosis and monitoring of patients with PSC.

The Oxford AHSN (now Health Innovation Oxford and Thames Valley) produced a feasibility study to assess the potential clinical utility and value of this novel technology in the current pathway. The AHSN is now working on an economic impact report with real world data based on use of MRCP+ in the PSC pathway.

What is the challenge?

PSC is a disease with a highly variable and unpredictable natural history. There is currently no effective curative treatment aside from a liver transplant. The treatment of patients is highly variable and individualised and the mean time between diagnosis to liver transplant or death is in the region of 10-22 years.

Current magnetic resonance cholangiopancreatography (MRCP) used in the standard pathway does not provide a clear image or objective assessment of the biliary tree (a system of vessels from the liver, gall bladder and pancreas). It is also crucial in preparing for liver transplant and post-transplant monitoring.

Perspectum Diagnostics' MRCP+ provides a non-invasive, objective, quantitative and reproducible means of assessing biliary health. It produces a 3D MRCP image of the biliary tree and a quantitative report including the whole tree's metrics as well as single duct metrics which will allow for more precise and objective identification of biliary irregularities.

What did we do?

The Oxford AHSN conducted a feasibility study to review the current landscape, care pathway and unmet needs in the clinical pathway for patients with PSC. The study involved gaining perspectives from clinicians, where the potential utility and value of MRCP+ may lie in the PSC pathway as well as other indications in the NHS in England.

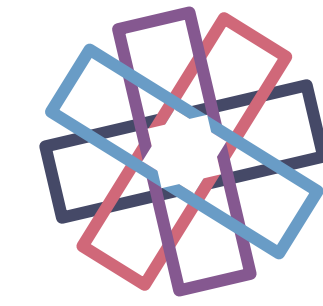Secondary research was conducted to understand the clinical pathway and the current diagnostic and treatment paradigms used to manage and monitor patients with PSC. Key stakeholders were interviewed to evaluate the acceptability, clinical utility, potential value and barriers to adoption surrounding MRCP+. They said that this technology has strong potential to improve the diagnostic pathway of PSC.

Health Innovation
Oxford & Thames Valley

What has been achieved?

The Oxford AHSN study also highlighted the technology's potential for use in other pathways.
Some suggested uses include post-surgical liver transplant monitoring, planning endoscopic treatments and other biliary tree indications.
In addition, the evaluation indicated that implementing MRCP+ may lead to significant cost savings in the diagnosis and management of PSC.

What people said

"The Oxford AHSN was instrumental in providing us with feedback from clinicians and stakeholders within the NHS. As a result, we now know that MRCP+ has strong potential to improve the diagnostic pathway of PSC in the NHS in England."

Sarah Finnegan, Senior Clinical Research Scientist & Product Specialist, Perspectum

What next?

The Oxford AHSN is working with Perspectum Diagnostics on an economic impact report with real world data relating to use of MRCP+ in the PSC pathway.
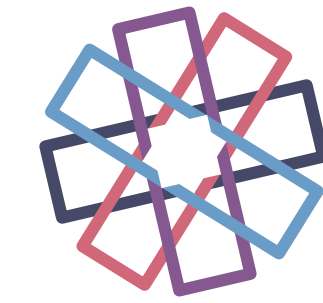
Contact

Mamta Bajre, Lead Health Economist and Methodologist

Mamta.Bajre@healthinnovationoxford.org

Operational Review

Governance

The Oxford AHSN Business Plan was approved by NHS England and IRLS/OLS.

We continue to collaborate effectively with our local system partners, the ICBs. We are approaching the second of the quarterly review and business planning meetings with BOB and Frimley ICBs. These are used to review programme progress against aims and deliverables as well as changing priorities and opportunities. Through regular conversations the portfolio will evolve and further align with ICB priorities. At the Q1 review meeting we discussed opportunities for using innovation to increase productivity.

Q2 highlights

The **Blood Pressure Optimisation** programme formally closed in Q2. During this final quarter, the team supported the CVD champions programme in BOB ICB, including with the creation of resource packs to support practice-based QI projects. As a result of this national programme, by March 2023, a total of 607 primary care networks (PCNs) - just under half of all PCNs in England - were recorded as utilising the frameworks. This is good progress in laying foundations - to continue the spread and adoption of this innovation and to embed it as routine will require continued focus and support from ICBs.

In Q2, as part of the **Lipid Management programme**, a lipid management webinar was delivered, in partnership with BOB ICB. The webinar was attended by 90 clinicians and feedback about the session was very positive.
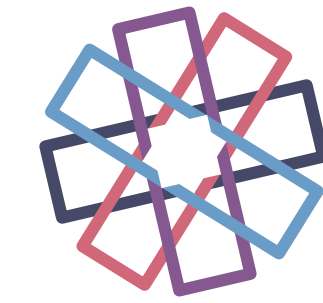
CardioSignal started in 2020 as a small AHSN pilot. To date the app has now been offered to circa 600 patients. There are 70 active users of the app, with five cases of AF having been identified.

Operational Review

The **Innovation for Healthcare Inequalities Programme** (InHIP) remains on track. In BOB, pharmacist-led clinics are being held in partner GP surgeries. The intervention has enabled the asthma specialist consultant to continue clinics. This is facilitating 30-40 patients per month being reviewed, as well as a further eight patients per month being assessed through the regional severe asthma MDT (read more in the first case study above). In Frimley, planning is underway to run a further community engagement event in Slough, in collaboration with Asthma and Lung UK. This event will also feature sessions from smoking cessation and talking therapies teams. BLMK delivery of CVD reviews sits with practices which are being supported by a pharmacist-led team. A suite of materials is being developed to allow further roll-out of this initiative.

The **Reducing Restrictive Practice** project has now worked on site with 10% of wards from each trust (accepting support) using QI methodology to test their improvement ideas to reduce restrictive practice. Staff briefed using methods such as live learning event to transition out of Mental Health Safety Improvement Programme and to be aware of NHSE Quality Transformation Programme (anticipated start between Jan to April 2024).

A second PCN in Frimley has been recruited for delivery of the **Wound Care** programme. In BOB, a paper was approved by the Executive Management Committee to support an initial Wound Care Summit, and reporting from the Frimley test and evaluation site is beginning to demonstrate positive impact data in patient healing rates, patient and staff satisfaction, operational and culture improvements.
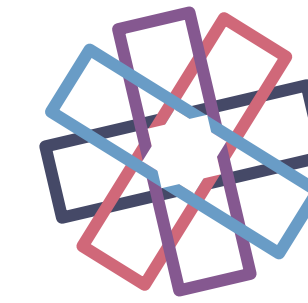
Three **Polypharmacy** Communities of Practice have been held in Q2: BOB ICS, BLMK ICS, and a Frailty Polypharmacy Masterclass delivered by Frimley ICS.

Operational Review

AHSN level polypharmacy comparator trend data based on the polypharmacy comparators has been released by Unity Insights and shared with ICB polypharmacy leads. BOB ICB is focussing on reducing the use of NSAID medication with another DAMN medication to reduce patient risk of acute kidney injury.

Three additional local trainers have been identified and are undergoing accreditation to deliver Action Learning Sets, and under the patient behaviour change campaign pillar ICB and PCN level promotion and engagement with new resources has started.

Reports have been completed for the **Bracknell Forest CYP Self-Harm Workforce Project, Developing NHS Health and Wellbeing Leads, Frimley Trauma Informed Care Programme Evaluation and the Peri-operative Innovation Project.** These will inform work in these areas going forward, either by innovators, or systems.

Our evaluation of the **Adopting Innovation and Managing Change in Healthcare Settings Programme** is progressing; we are developing a case study that showcases the development and accomplishments of programme participants which will be released in conjunction with the final evaluation report. To date 328 local NHS professionals have engaged with the programme.
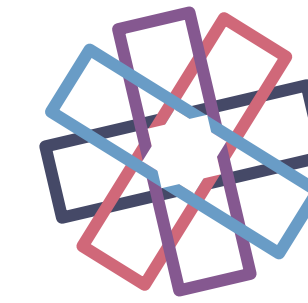
MTFM products Greenlight XPS, PLASMA+, Rezum, Urolift and Xpress multi sinus dilation system are well adopted across the region. The team is supporting adoption and spread where necessary and working with system stakeholders to develop business cases to adopt Spectra Optia and Thopaz+, where these products are not currently in use.

Operational Review

Communications and Stakeholder Engagement

We kicked off the second quarter of 2023/24 by hosting a major national in-person event focusing on severe asthma (see cover image.) More than 100 respiratory experts from across the country attended to share best practice and plan future care. It marked the end of the asthma biologics programme, which we led for the NHS Accelerated Collaborative. It improved care for more than 5,000 patients through enhanced access to diagnostics and innovative treatment. A series of reports, case studies (including the one on page 4), videos and other resources which came out of the event will be finalised in Q3.

We also supported the publication of a **guide for innovators working with the NHS towards its net zero ambitions.**

During Q2 we prepared the ground for our name change from the Oxford Academic Health Science Network to Health Innovation Oxford and Thames Valley which came into effect at the start of October. All AHSNs have become Health Innovation Networks as part of our new five-year licence. The new name better reflects the population we serve and our role in spreading innovation across the NHS.

Health Innovation
Oxford & Thames Valley

Risks (Amber or Red risks only)

For full risk register, see Appendix A

Amber – Inclisiran

Uptake remains significantly below trajectory. In Q3 the collaborative lipid fund project will go live, along with a local project delivered by Buckinghamshire Healthcare Trust. We anticipate that these two workstreams, together with ongoing work in Frimley and BLMK will increase the uptake of Inclisiran.

Further activities to drive increasing uptake of Inclisiran are as follows.

Activities in BOB ICB: A paper, developed collaboratively by the ICB medicines optimisation team, the ICDN and the AHSN, setting out the need to support primary care with Inclisiran administration was signed off by the ICB Executive in August 2023. A Primary Care Medicines framework will be in place from Q3 2023. Through this framework primary care will receive a payment (annual) for the recall and administration process for patients on Inclisiran. (AHSN modelling suggests 400-700 people will be initiated on Inclisiran by October 2024 through opportunistic identification in primary care)

The BOB CLF project (led by the AHSN) will target high risk patients who present to stroke and cardiology teams. 12 months of Inclisiran administration clinics will be provided in a secondary care setting before patients are discharged to primary care. (Anticipate 680 patients initiated through this route by October 2024).

We are collating and developing materials to support primary care with the practicalities of delivering Inclisiran e.g. ordering, storing recall (supporting activity). Additionally, we are coordinating the delivery of an education series around Inclisiran – delivered by lipidologists and focused on safety/efficacy as well as practical experience of using Inclisiran.
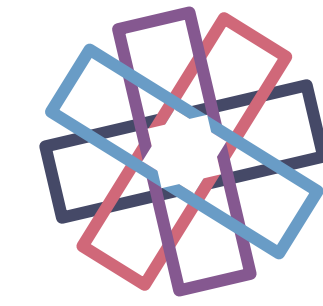
Frimley ICB: Very competent pharmacist-led team in place as part of the system transformation project. This team are identifying barriers to using Inclisiran as well as local solutions such as potentially using community pharmacists as a delivery arm in some localities. To date they have engaged with 32 practices and worked with staff to commence optimisation programmes across the whole lipid management pathway. They have instigated an Inclisiran administration clinic in one PCN.

Financial Summary

Q2, for period ending 30 September 2023

Health Innovation
Oxford & Thames Valley

Income	Opening Plan	YTD Plan	YTD Actuals	YTD Variance
Commissioning Income - NHS England Master Licence	-2,090,000	-1,045,003	-1,045,000	-3
Commissioning Income - Office for Life Sciences	-824,600	-412,300	-412,300	-0
Commissioning Income - PSC	-381,371	-190,686	-190,686	-0
Other Income	-2,116,060	-1,070,404	-1,041,471	-28,933
Total income	**-5,412,031**	**-2,718,392**	**-2,689,456**	**-28,936**

AHSN funding of activities				
Patient Safety	466,008	233,005	233,135	-130
Clinical Improvement	328,097	164,051	154,043	10,008
Clinical Innovation Adoption	1,465,072	744,911	691,370	53,541
Strategic & Industry Partnerships	1,143,390	571,695	514,264	57,431
Community Involvement & Workforce Innovation	438,570	219,283	213,526	5,757
Communications, events and sponsorship	116,424	58,212	62,982	-4,770
Contribution to AHSN Network	107,472	53,736	67,864	-14,128
Other Direct Programme Costs	49,673	24,836	23,534	1,302
Grant Payable	0	0	0	0
Programmes and themes	**4,114,706**	**2,069,729**	**1,960,718**	**109,011**

Corporate				
Pay costs	801,847	400,924	453,386	-52,462
Non-pay costs	495,478	247,740	275,352	-27,613
Total Corporate Costs	**1,297,325**	**648,663**	**728,738**	**-80,075**
Total expenditure	**5,412,031**	**2,718,392**	**2,689,456**	**28,936**

Dr Paul Durrands ACA CMILT,

Chief Operating Officer, Health Innovation Oxford and Thames Valley

Clinical Focus Areas 2023/24
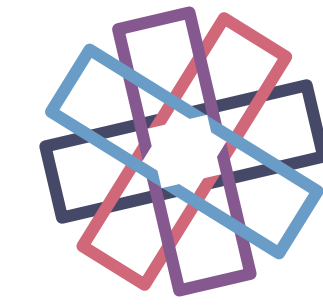
Health Innovation
Oxford & Thames Valley

Network Wide

| Cardiovascular | National wound care strategy | Polypharmacy | Accelerated Access Collaborative | Innovation for healthcare inequalities | Patient safety | Innovation adoption and real world evaluation |

2023-24 NHS priorities and operational planning guidance - recovering our core services and productivity

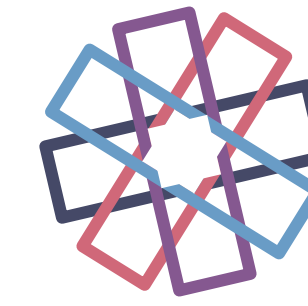| Maintain quality and safety in our services, particularly in maternity services | Improve staff retention and attendance through a systematic focus on all elements of the NHS People Promise | Make it easier for people to access primary care services, particularly general practice | Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard | Narrow health inequalities in access, outcomes, and experience, including across services for children and young people | Improve ambulance response and A&E waiting times |

Q2 Programme and Project Updates

Health Innovation
Oxford & Thames Valley

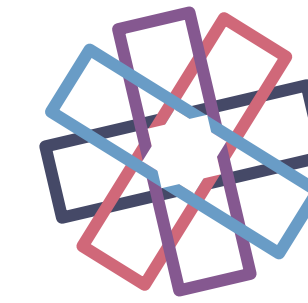| Clinical Area	Programme Details	BOB	Frimley	BLMK
Cardiovascular/Stroke	**AffeX (Discover) ^** Afferent have continued to work on patient recruitment data collection. A Health Economic Analysis Plan for the health economic analysis to be conducted after the data collection has been drawn up.			
Cardiovascular/Stroke	**Aisentia (Develop)** Stakeholder interviews were conducted and analysed, from stakeholders working in the dementia diagnosis pathway to identify potential barriers to adoption of FSL-clinical as an analysis software for MRI scan. A report is being prepared to report on the usefulness, acceptability, and barriers to adoption of digital contrast as alternative to physical contrast for CT scan.			
Cardiovascular/Stroke	**Blood pressure optimisation programme (Deploy) – Project Closed, Complete** The Blood Pressure Optimisation programme formally closed in Q2. During this final quarter, the team supported the CVD champions programme in BOB ICB, including with the creation of resource packs to support practice-based QI projects.	●	●	●
Cardiovascular/Stroke	**Brainomix AI Stroke Imaging Technology Evaluation (Develop)** Economic assessment conducted and finalised with the report submitted to NHSE-AAC. ISDN focus reports were distributed.	●	●	●
Cardiovascular/Stroke	**CardioSignal (Develop)** The app was offered to circa 600 patients. There are 70 active users with 5 cases of AF identified. There are some issues with the process that require strengthening (e.g. communication to patients and support for using Kardia mobile). Addressing these issues will be the focus for Q3.	●		
Cardiovascular/Stroke	**EchoGo Pro (Develop)** No planned work for Q2 - Health Economics reporting now due in Q3.			
Cardiovascular/Stroke	**Evaluating the role of virtual transient ischaemic attack (TIA) outpatients clinics (NIPP Programme) (Develop)** Rapid Insights guide completed and shared via AHSN Network alongside an in-depth report completed and to be used to develop framework to support TIA service in the South East (initially) to optimise their service. Abstract accepted for poster at UK Stroke Forum in Dec '23. A webpage is being developed to host the outputs of this programme. Public summary drafted with PPI project members.	●	●	●

^ NIHR funded projects   * ARC collaborations   ● Colour indicates RAG status

Q2 Programme and Project Updates

Health Innovation
Oxford & Thames Valley

Clinical Area	Programme Details	BOB	Frimley	BLMK
Cardiovascular/Stroke	**Innovation for Healthcare Inequalities Programme (InHIP) - BLMK (Deploy)** BLMK Practices are using the tools available to build lists for patient reviews. The team have been auditing the data, to ensure that the correct SNOMED codes are being used, following training events and the retrospective recoding is being successfully applied, so utilisation figures are increasing. ePACT data for drugs initiated is now available. Practices are being supported to deliver reviews, with training available to all delivery practices. A suite of materials is being developed to allow further roll out of this initiative.			●
Cardiovascular/Stroke	**Lenus OPERA project roll out (Develop)** Discussions were held with the Oxfordshire CDC around the potential for an evaluation - the CDC did not feel that it fit in with their current models and couldn't take part. Ongoing discussions with Lenus around next steps.			
Cardiovascular/Stroke	**Lipid Management (Deploy)** The Familial hypercholesterolemia business case developed by Oxford AHSN was submitted to BOB ICB. It was recognised as a high-quality case with a strong prevention focus but the ICB were unable to fund due to financial pressures. The AHSN collaborated with BOB ICB to deliver a lipid management webinar attended by 90 clinicians. Feedback was extremely positive. The team also delivered community engagement activities with more than 100 community members at Banbury Mosque. Engagement delivered mostly by local community members.	●	●	●
Maternity	**Maternity and Neonatal Safety - Deterioration (Deploy)** MEWS: Delay caused by a plan to move to maternal BadgerNet which is now postponed until 2024 Oxford aiming to begin implementation phase Q2/3. The project team met with NHSE in June, the next step is discussion with the head of Midwifery at Oxford to assess organisational capacity in terms of 'Go Live' dates and the challenges around the planned transition to BadgerNet in Q3.	●	●	●
Maternity	**Maternity and Neonatal Safety - Preterm Optimisation (Develop)** The team continue to improve on each element of the optimisation bundle, excellent progress has been made, with close to 70% of all elements of the optimisation care bundle are being met. Simulation Based Education (SBE) planning a pilot day Dec 11th partnering with Bucks New Uni.	●	●	●
Maternity	**OxSys (Discover) ^** No planned activity for AHSN in Q2.			

^ NIHR funded projects   * ARC collaborations   ● Colour indicates RAG status

Q2 Programme and Project Updates

Health Innovation
Oxford & Thames Valley

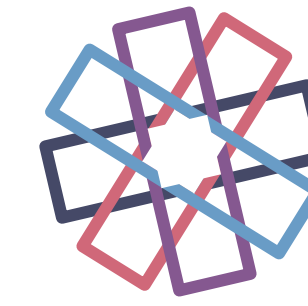| Clinical Area	Programme Details	BOB	Frimley	BLMK
Maternity	**Threatened preterm labour (Deploy)** Engagement ongoing with BOB and Frimley ICBs.	🟢	🟢	
Medicines Optimisation	**AMR-UTI (Develop) ^** No planned work for AHSN - work will begin in Q3 when the health economics analysis kicks off.			
Medicines Optimisation	**Medicines Safety Improvement Programme (Develop and deploy)** Frimley tapering and QI resources are now finalised with Frimley Medicines Optimisation team and on their website. Continuing to liaise with Frimley Meds optimisation team. Assistance in arranging chronic pain training for Frimley practice staff and others and providing data to be presented (e.g. national/regional benchmarking, variations in prescribing practices across ICB). The team is supporting practices involved in the Frimley incentive scheme including sharing documents from elsewhere and sharing of relevant resources to and from other Health Innovation teams nationally.		🟢	🟢
Medicines Optimisation	**Opioid Safety Innovation and Insight Panel (Discover) New Project** On plan to deliver in early Q3 (October). Four innovations selected and 20 stakeholders invited to join panel. Initial panel date for September moved back to 18 October due to operational pressures with our NHS stakeholders due to industrial action from junior doctors and consultants.	🟢	🟢	🟢
Medicines Optimisation	**Polypharmacy (Develop and deploy)** In Q2 one Community of Practice delivered for BOB ICS; one for BLMK ICS and one Frailty Polypharmacy Masterclass delivered by Frimley ICS. AHSN level polypharmacy comparator trend data based on the polypharmacy comparators has been released by Unity Insights and shared with ICB polypharmacy leads. BOB ICB is going to focus on reducing the use of NSAID medication with another DAMN medication to reduce patient risk of acute kidney injury. Action Learning Sets (Pillar 2) attendance mapped against Core20 plus PCNs. 10 prescribers from the Core20 plus PCNS have attended the training. Three additional local trainers identified and undergoing accreditation. ICB and PCN level promotion and engagement has commenced in the patient behaviour change campaign (Pillar 3). Health Inequalities Dashboard is completed, and meetings organised with ICB polypharmacy leads to deep dive specific areas for improvement.	🟢	🟢	🟢
Medicines Optimisation	**Structured medication reviews - OSCAR study (Develop)** Continuing to provide advice to support evaluation.			

^ NIHR funded projects   * ARC collaborations   🟢 Colour indicates RAG status

Q2 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Mental Health	**Bracknell Forest CYP Self-Harm Workforce Project (Develop)** Project written up within project time lines set. Two top-level reports presented to Bracknell Forest Board. Substantial reports created for each work stream of the project and delivered to project's commissioners. Only exception is the OxWell Survey Summary which colleagues from University of Oxford will complete once OxWell data cleansing and analysis has been completed.		●	
Mental Health	**Digital Therapeutics for Depression (Develop)** The views of 20 stakeholders working in the depression care pathway across 12 Trusts in England were collected and analysed thematically. The feasibility study revealed that although stakeholders showed interest in the new digital therapeutic as a potential treatment for moderate to severe depression, several barriers to adoption were identified.			
Mental Health	**Frimley Trauma Informed Care Programme Evaluation (Develop)** Ongoing evaluation of all 6 phases. Evaluation of year 1 training phase is complete. ALS, recovery college module is under way and HEE e-learning pilot is to be launched within 1 month. Organisational impact evaluation with Catalyst in design phase.		●	
Mental Health	**Personality Disorder Positive Outcomes Programme (PDPOP) (Develop)** PDPOP report drafted and circulated to OHFT colleagues. Final copy produced and available for hosting on webpages.	●		
Mental Health	**Reducing restrictive practice (Deploy)** Worked on site with 10% of wards from each Trust (accepting support) using QI methodology to test their improvement ideas to reduce restrictive practice. Briefed staff via methods such as live learning event to transition out of MH SIP and be aware of NHSE Quality Transformation Programme (anticipated start between Jan to April 2024).	●	●	●
Mental Health	**Sleepio (Deploy)** The team is supporting Frimley ICB as required, and to continue to share findings with interested parties (e.g. NICE) Meetings with NICE and colleagues from Yorkshire & Humberside who are engaged with aspects of Big Health's work.		●	

^ NIHR funded projects   * ARC collaborations   ● Colour indicates RAG status

Q2 Programme and Project Updates

Health Innovation
Oxford & Thames Valley

Clinical Area	Programme Details	BOB	Frimley	BLMK
Respiratory	**Albus Home (Discover) ^** Albus Home continued to work on patient recruitment for data collection.			
Respiratory	**Innovation for Healthcare Inequalities Programme (InHIP) - BOB (Deploy)** Pharmacist led clinics are being held in partner GP surgeries. The intervention has enabled the asthma specialist consultant to continue clinics this is facilitating 30-40 patients per month being reviewed as well as a further 8 patients per-month being assessed through the regional severe asthma MDT.	🟢		
Respiratory	**Innovation for Healthcare Inequalities Programme (InHIP) - Frimley (Deploy)** In Frimley COPD structured medication reviews, using a clinical pharmacist via Integrated Clinical Services are being delivered. Work on metrics, with Connected Care, has been ongoing as part of the evaluation planning process. Planning is underway to run a community engagement event in Slough, working with community leaders. Medicines management to run the patient lists to identify COPD and asthma patients to target for the event. The AIR team have excellent links into an Asthma and Lung UK group. Smoking cessation and Talking Therapies will also attend the event.		🟢	
Respiratory	**MyAsthmaBiologics App (Develop)** The project has been on hold since 22nd August as there are technical/functionality issues within the app. Dendrite integration also currently delayed. Project may resume when technical amendments have been validated.			
Urgent and Emergency Care	**Elastomeric Devices (Develop)** Training videos have been recorded and editing is now in progress.	🟢	🟢	

^ NIHR funded projects   * ARC collaborations   🟢 Colour indicates RAG status

Q2 Programme and Project Updates

Health Innovation Oxford & Thames Valley

Clinical Area	Programme Details		BOB	Frimley	BLMK
Urgent and Emergency Care	**Virtual Wards/Virtual Care (Develop and deploy) *** The evaluation plan was approved by BOB ICS on 5th July. Work has now commenced to deliver on this plan. Activities for each component of the evaluation for Q2 are as follows: Process evaluation: - Profiling interviews were conducted across all providers to work towards a standardised description of the services. Opportunities and barriers to service development were also identified. Impact evaluation: - A survey was disseminated to all staff working across the virtual ward/hospital at home services to understand the impact on the workforce. - A co-production session was held across the system to start to develop a consistent patient experience data collection model. This work was informed by interviews with patients and relatives/carers who have experience of the services. - Services are now working to a standardised data collection template for reporting the impact on service users and the system. Data is to be submitted from October onwards.		●		
Development and Learning	**Adopting Innovation and Managing Change in Healthcare Settings Programme (Deploy)** In Quarter 2, we initiated the application process for Cohort 15. However, a significant change in funding mechanisms has necessitated adjustments to our approach. Instead of centralised funding, workforce and students will now be responsible for securing the necessary funds to participate. Unfortunately, we did not meet the minimum quota required to proceed with Cohort 15. It is important to note that interest in the program remains strong and steady. However, the challenge has been the identification and acquisition of funding by students. Stakeholders have expressed concerns regarding the bureaucratic nature of this process. Due to these challenges, we have made the strategic decision to postpone the commencement of Cohort 15 to February 2024. Cohort 14 Module 1 Completion: We are pleased to report that students from Cohort 14 who completed Module 1 have made commendable progress. Notably, 16 participants have chosen to advance to Module 2. Programme Evaluation: Our ongoing evaluation of the program is progressing smoothly, with comprehensive data collection efforts underway. An initial draft of the evaluation is currently in progress. Additionally, we are developing a case study that showcases the development and accomplishments of programme participants. This case study will be released in conjunction with the final evaluation report.		●	●	●
Development and Learning	**Health Inequalities - evaluation of PCN short term funded projects - BOB ICS (Discover) New Project** The aim of this project is to evaluate the process of making small grants to PCNs in areas of high deprivation so that they can take steps to tackle specific areas of health inequality. Introduction workshop held, initial discussions with 10 projects being scheduled.		●		

^ NIHR funded projects   * ARC collaborations   ● Colour indicates RAG status
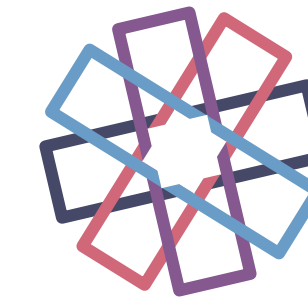
Q2 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Development and Learning	**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.	🟢	🟢	🟢
Development and Learning	**Thames Valley and Surrey Secure Data Environment (Develop)** Co-production value workshop held to support the data approvals and access policy for the Secure Data Environment.	🟢	🟢	🟢
Development and Learning	**Working Together Partnership (Discover)** The project seeks to improve the effectiveness of patient and public engagement in research through collaboration to reduce duplication and increase opportunities and strategic alignment. Meeting held - 6 representatives from: NIHR, Oxford Health BRC, Oxford BRC, Clinical Research Network, Clinical Senate South East, Public Partner Representative.			
Elective Recovery	**Peri-operative Innovation (Develop) – Project Closed, Complete** York Health Economics Consortium (YHEC) have published the final Health Economic Analysis report for the whole programme. Development of the implementation support pack and evaluation report for PRO-MAPP is in progress. Oxford AHSN has completed a Sustainability and Social Value Review for PRO-MAPP.	🟢		
Cancer	**Seroxo Breast Cancer point of care testing (Develop) New Project** Workshop has taken place and report for Seroxo has been written. Feedback provided to Seroxo on patient information sheets. Further support provided on market analysis and landscape.			
Cancer	**Ibex Breast Cancer AI tool (Develop) New Project** Kick off meeting has taken place, but no further work on project started. Development of contracts not yet started due to delay in contract between DHSC and IBEX.			
Neurological Disorders	**Dementia - digital approach (Develop) ^** No planned activity for Health Innovation Oxford & Thames Valley.			

^ NIHR funded projects   * ARC collaborations   🟢 Colour indicates RAG status

Q2 Programme and Project Updates

Health Innovation Oxford & Thames Valley

Clinical Area	Programme Details	BOB	Frimley	BLMK
Neurological Disorders	**FSL- Brain imaging (Develop) ^** The role of Oxford AHSN is to conduct a barrier to adoption study to explore the perceived usefulness and barrier to adoption of using FSL clinically as part of the dementia diagnosis pathway. Ten stakeholders including neuroradiologists, Old Age Psychiatrists and cognitive neurologists working in the dementia diagnosis pathway across various Trusts in England were interviewed to gain their views on the potential benefits and level of acceptance of FSL, a software that can automatically provide quantitative data of cerebral structures volumes from MRI scan. Stakeholders were very positive about the usefulness of FSL in the dementia diagnosis pathway.			
Neurological Disorders	**GaitQ (Develop)** A feasibility study was conducted to investigate the potential clinical utility and barriers to adopting of the GaitQ Tempo device to help improve the management of the freezing of gait in patients with Parkinson's. 11 stakeholders were interviewed who were part of the Parkinson's pathway and were responsible for care management and clinical decision-making. Their views were analysed thematically and collated into a barrier to adoption report highlighting the views of stakeholders on the potential usefulness of GaitQ Tempo device into the healthcare system.			
Frailty	**Bone Health – now known as GRASP-Osteoporosis (Deploy)** Findings from project presented at the Royal Osteoporosis Society's annual conference. Continued engagement and adoption support given to GP practices whilst interest is gauged in other regions.	●	●	●
Frailty	**Transforming Wound Care (Deploy)** Our Senior Programme Manager to host process mapping group with Oxfordshire community nursing team and acute trust. Working plan to be devised to support the adoption and spread programme within newly recruited PCN. Reporting from the Frimley test and evaluation site beginning to demonstrate positive impact data in patient healing rates, patient and staff satisfaction, operational and culture improvements.	●	●	
	BPE patient videos (Deploy) Work continues on finalising the remaining videos. The team has been working to secure a supplier to create voiceover and subtitle translation of videos into Urdu, Arabic and Mandarin.			
	MedTech Funding Mandate (MTFM) to increase uptake of NICE approved products (Deploy) Greenlight XPS, PLASMA+, Rezum, Urolift and Xpress multi sinus dilation system is well adopted across the region. The team is supporting adoption and spread where necessary and working with system stakeholders to develop business cases to adopt Spectra Optia and Thopaz+, where these products are not currently in use.	●	●	●
	Patient Safety Incident Response Framework (PSIRF) (Deploy) Policies and plans that have been received have been reviewed and meetings held with Trusts colleagues to offer support to finish documents. Training needs have started to be identified.	●	●	

^ NIHR funded projects   * ARC collaborations   ● Colour indicates RAG status

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 and project monitoring in place. See risk 6 for Inclisiran specific risk.	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 with BOB signed. Frimley happy to operate without MOU.	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:
Case Studies Published in Quarterly Reports (2019 – 2023)
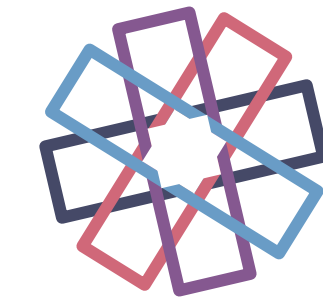
Health Innovation
Oxford & Thames Valley

2023/24 Case Studies
Collaborative approach improves outcomes for preterm babies
Personalised approach improves patient experience before surgery and supports elective recovery
AHSN assesses innovation which could improve cannulation in newborn babies

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

2022/23 Case Studies
Ten years supporting spread and adoption of innovation
Partnership with NCIMI improves patient outcomes and generates economic growth
Evaluation assesses home monitoring device which uses AI to predict and prevent asthma attacks in children
Evaluating artificial intelligence-augmented decision support tool to assist triage of referrals into secondary mental healthcare
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

2021/22 Case Studies
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 PlGF test
Collaboration develops environmentally friendly product addressing urinary incontinence

2020/21 Case Studies
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)

2019/20 Case Studies
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