

Wessex Academic Health Science Network Annual Review

# 2018/19

## Spreading healthcare innovation across Wessex



 @WessexAHSN  
[wessexahsn.org.uk](http://wessexahsn.org.uk)



The **AHSN** Network



Office for  
Life Sciences

# The Board

The Board and Leadership Team steer us into an exciting future of innovation, while ensuring we deliver against the objectives licensed by our commissioners.

Our approach of close partnership working with our members – and the other elements of the NHS system – is underpinned by mutual Board representation.

We are committed to joint decision making on ‘who does what,’ aligning resources, and undertaking joint work.



**Fiona Driscoll**  
**Chair, Wessex AHSN**



**Dr Tim Cotton**  
**Director of Clinical Transformation**  
Hampshire & Isle of Wight STP



**Bill Gillespie**  
**Chief, Wessex AHSN**



**Dr Nick Broughton**  
**Chief Executive Officer**  
Southern Health NHS Foundation Trust



**Phil Richardson**  
**Commissioning Member**  
Director of Transformation at Dorset CCG  
and STP Lead Director for Dorset STP



**Professor Mandy Fader**  
**Head - School of Health Sciences**  
University of Southampton



**Nick Johnson**  
**Provider Member**  
Director of Strategy and Business  
Development at Dorset County Hospital  
Foundation Trust



**Professor Vanora Hundley**  
**Deputy Dean - Research and  
Professional Practice**  
Bournemouth University



**Dr Sarah Schofield**  
**Chair**  
West Hampshire CCG



**Maggie Oldham**  
**Chief Executive Officer**  
IOW NHS Trust



**Professor Alastair Hutchison**  
**Executive Medical Director**  
Dorset County Hospital NHS  
Foundation Trust



**Sue Harriman**  
**Chief Executive**  
Solent NHS Trust



**Alex Whitfield**  
**Chief Executive Officer**  
Hampshire Hospitals NHS  
Foundation Trust



**Professor Gordon Blunn**  
**Theme Professor (Health & Wellbeing)**  
University of Portsmouth

# Senior Leadership Team



Fiona Driscoll  
Chair



Bill Gillespie  
Chief Executive



Dave Meehan FCMA  
Director for Partnerships  
and Deputy CEO



David Kryl  
Director, Insight



Sarah Turl  
Corporate Business Manager



Tracy Broom  
Associate Director,  
Patient Safety Collaborative



Philippa Darnton  
Associate Director, Insight



Rachel Dominey  
Associate Director, Strategic  
Themes (Primary Care and  
Mental Health)



Michael Goodeve  
Associate Director,  
Communications



Frank Ratcliff  
Associate Director, Industry  
and Innovation



Joe Sladen  
Associate Director,  
National Programmes



Kathy Wallis  
Associate Director, Strategic  
Themes (Healthy Ageing and  
Medicines Optimisation)



**A year into our refreshed licence, both Wessex Academic Health Science Network (AHSN), and the national collective of 15 AHSNs – the AHSN Network - are seeing the impacts of working across nationally prioritised innovations and programmes, while continuing to serve our local members' transformational priorities.**

**At Wessex, we are making huge progress with implementing and supporting the spread and adoption of innovation into the NHS.**

From helping patients with their medicines after they have been to hospital, to preventing strokes with innovative mobile technology, to supporting our partners to help deliver the very best services to those living with frailty; and working with the very best locally and nationally-developed cutting-edge technology, our work touches all parts of the NHS system. We also continue to support local innovators and small to medium sized businesses; work on an enhanced and growing patient safety portfolio and support the improvement of mental health services, all of which work to support improving patient services in Wessex.

We also continue to work closely with our academic and research partners – to drive the latest thinking and healthcare breakthroughs, to help save the NHS resources and ensure healthcare services are at the forefront of innovation.

In the past year, we have also increased team size and capabilities as our national commissioners continue to have confidence in our objectives and delivery.

Our team has been strengthened to include staff members who are clinicians by background, have worked in industry, academia and research, widening and improving our offer for our members and helping to push forth with an ambitious plan to quickly spread innovations into the Wessex NHS. We have also refreshed our Board membership, which has representation from some of the most influential people in the local NHS and academia. Complementing this, the AHSN now also operates with a streamlined executive team, and enhanced senior leadership team; bringing together programmes and disciplines from across our business plan, to ensure we are an integrated and connected organisation.

We continue to act as a key member of the AHSN Network; supporting the local spread and adoption of nationally-approved innovations which will benefit our trust and CCG members, and the health of people who live in Wessex. Our local work will continue to deliver across industry, primary care, digital, healthy ageing, stroke prevention, research and mental health – where each major programme or theme is designed to deliver tangible benefits to both the system, and ultimately, patients in Hampshire, Dorset, the Isle of Wight and southern Wiltshire.



**Fiona Driscoll**  
Chair, Wessex AHSN



**Bill Gillespie**  
Chief Executive, Wessex AHSN



# Industry and Innovation programme

## Innovation Forum: Mental Health

In March this year we worked with West Hampshire CCG (WHCCG) to host an Innovation Forum at Southampton Science Park, looking at digital innovations in mental health. Bringing together clinicians, commissioners and managers, service users and colleagues from the voluntary sector, the aim of the day was to explore the art of the possible in relation to digital technology in mental health.

The event was timely, as the recently published NHS Long Term Plan placed significant emphasis on the need to develop access to digitally-enabled care. Recognising the opportunity digital technology offers patients and health and care staff alike, West Hampshire CCG, alongside the STP and clinical networks, were keen to explore a specific digital mental health programme to support work in this area.

Nine innovations were showcased on the day, using a roundtable format. Groups of 8-10 people worked together, with each innovator showcasing their product for 20 minutes before moving to the next table. This allowed both WHCCG and the innovators to receive multiple feedback reports at the end of the day.

The companies invited to the event were handpicked to cater for different parts of the pathway, to fully showcase the wide range of digital technologies that exist on the market. Innovator Nitin Parekh, from medicines adherence solution YOURmeds, shared his experience.

### How useful was the opportunity to showcase at the Innovation Forum?

The opportunity to showcase our product to a wide range of stakeholders was very worthwhile. It is really important for SMEs to get the 'airtime' to interact with decision makers, and this conference certainly did that. It was great that every table was full and the sessions were very interactive!

### How useful was the feedback?

Feedback is essential for any company to improve what it has built. The quality of the feedback was excellent - well constructed and addressed every area that an SME would want covered.

### What did you think of the format?

The format was great but what made it even better was the very high numbers of people attending. One of the biggest complaints SMEs have is that decision makers do not turn up, or leave early before the SMEs can interact. It's a huge credit to Paul and the team that not only everyone showed up, but that everyone stayed till the end!

**Nitin Parekh,**  
YOURmeds

## Meet the innovators: S12



**"Finding the right commissioners to talk to is an ongoing challenge. The AHSNs have been really helpful here; introducing us to the right people and opportunities that we wouldn't have pursued otherwise."**

**Wessex AHSN introduced us to SETsquared, helped us evaluate our innovation, encouraged us to apply for the NHS Innovation Accelerator (NIA) – earlier this year we were announced as one of its innovations – and have generally been very supportive and enthusiastic about S12 Solutions' potential."**

**Amy Manning**

S12 Solutions founder and an Approved Mental Health Professional (AMHP)  
S12solutions.com    @s12solutions

## Meet the team: Peter Rhodes



**I'm a pharmacist and have worked in pharmaceutical manufacturing most of my career, within pharma and latterly in NHS hospital sterile-products manufacturing.**

My experience in medtech, clinical trials, process improvement and software development, as well as quality-management systems was complemented by clinical practice in oncology and intravenous nutrition.

Since joining the AHSN in December 2018, I've applied my expertise to a much wider range of technologies and clinical environments. I've also enjoyed using my insights to support entrepreneurs in overcoming challenges during the process of innovation adoption, by contributing my understanding of the secondary health system, how to demonstrate value and where budgets will be impacted by new technology.

**Peter Rhodes**

**Senior Programme Manager, Industry and Innovation**

## Meet the team: Paul Steynor



I've worked in the research and funding sectors for several years, namely within NHS Research & Innovation and Higher Education.

Before moving to Southampton, I worked for an academic research centre and community interest company called the Global Disability Innovation Hub. Based on the Olympic Park and formed as part of the Paralympic Legacy Programme, the aim is to accelerate disability innovation for a fairer world. We were successful in securing a £20m investment from DfID to lead an exciting global programme on assistive technology.

Prior to joining Wessex AHSN I had at various times worked collaboratively with the NHS, academia, and Industry (from SMEs to Big Pharma). Working for this organisation allows me to simultaneously support these sectors within Wessex (and beyond), contributing towards our aim of getting innovation to patients faster.

**Paul Steynor**  
Programme Manager, Industry and Innovation

## Meet the team: Heather Bowles



I started my working life as an Occupational Therapy Assistant in a Psychiatric Hospital, then became a project manager for major UK utilities brands.

After more than ten years I returned to healthcare and qualified as an Adult Nurse, undertaking roles in community and palliative care before ultimately progressing to Matron. During this period I updated working practice to successfully increase staff efficiency and clinical time, while supporting cultural change and introducing new technology. The end result was a more resilient and flexible work force, able to respond to the changing demands of their patient group as well as GPs and Commissioners. Since joining the team in November 2018, I've brought to the AHSN a passion for instigating and implementing useful change in order for the NHS to meet the changing demands of the population it serves.

Wessex AHSN has given me the chance to work within a passionate and like-minded team who are all driven by the same goal of ensuring that the NHS is fit for the future.

**Heather Bowles**  
Programme Manager, Innovation and Adoption



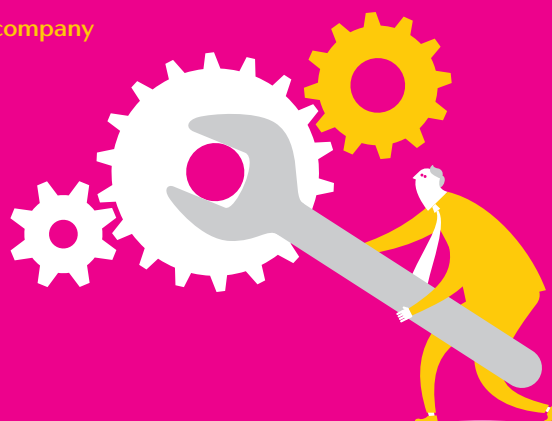
## Meet the innovators: xim

**Lifelight is a contactless way of measuring blood pressure, pulse, respiration, and oxygen saturation within 40 seconds, using the built-in camera on a smartphone or tablet. The software-only model makes observations faster, cheaper, easier and scalable, with patients benefiting from fewer separate interactions and less intrusion.**

Any new innovation is about creating a buzz. The AHSN supported us to frame our offer in preparing funding bids as well as networking. They've helped us take the product from 'proof of concept' to co-designing a product in the marketplace, connecting us with clinicians and other health professionals keen to be part of an innovative solution. The involvement of various AHSN programmes has given us credibility and enabled us to find willing and responsive users, as well as meeting the business requirements of commissioners and GPs keen to see our product.

Lifelight First is a finished product, on track for CE Mark in Q2 2019, with a validation study underway. It's already being used in a number of primary care practices across Wessex, with an 'At Home' version in development to enable remote monitoring and consultations.

**Laurence Pearce**  
CEO and founder of xim  
xim.ai  
@xim\_company



Office for  
Life Sciences

# Industry and Innovation programme



## What do we do?

Helping innovators get their ideas to patients faster



## Why are we doing it?

To improve patient outcomes, help reduce NHS costs and support the Health and Life Sciences sector of the UK economy

UK innovators generate products which can help patients, reduce NHS costs, and generate economic growth.

We work closely with clinical, academic and commercial innovators to deliver the following results over the 12 months to April 2019:



Nationally the AHSN network has created

**691**

new jobs and safeguarded an additional

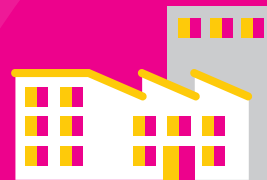
**187**  
jobs



Nationally the AHSN Network has enabled

**£107m**

of investment into UK companies



Regionally we have helped

**15**

companies develop detailed business plans



**5**

innovations adopted in Wessex and

**4**

Wessex innovations spread to other regions



We helped

**6**

companies start research collaborations



We helped

**6**

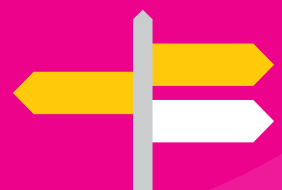
companies win grants totalling over

**£1m**



**29**

companies benefited from market research



Gave advice, signposting and introductions to

**74**

innovators



## Medical technologies: Our guide to the maze for SMEs

The development of health technologies can be a long journey, that requires a thorough understanding of relevant regulatory frameworks, research governance, supporting organisations and route to market.

In Wessex, we work across the innovation value chain to support the implementation of new technologies that impact the NHS through improved patient outcomes and cost savings. Despite the availability of resources to support health-tech SMEs (small and medium-sized enterprises), these are typically not joined-up nor comprehensive, resulting in navigation challenges through the system.

We have developed a guide to assist innovators in understanding the life sciences landscape, and where we play key roles.

The guide covers four fundamental business phases:

1. Product classification in relation to Medical Device and Diagnostics Regulation, and (non-medical) Digital Health Guidelines
2. Early contact and Engagement with local health innovation services which can provide an early access window to the relevant NHS stakeholders
3. Clinical evidencing (the why and how); and
4. Data analysis and resources for cost & adoption evaluations.

We will continually update the guide in light of any regulatory or policy changes.

Check out our **Guide to Medical Technologies** at [wessexahsn.org.uk/medtech-guide](https://wessexahsn.org.uk/medtech-guide) to help demystify this complex area.

**"Congratulations on your web document 'MedTech Guide' – very clear and comprehensive."**

Linda Magee PhD OBE  
NHS Investment Specialist  
Life Sciences Organisation  
Department for International Trade



## What was delivered 2018-19?

- We helped **4 innovators** establish clinical research partnerships that match NHS needs to clinical innovations
- Monthly Health Innovation Surgeries supporting **34 innovators/companies** in total
- Funding support service helped companies raise over **£1m**, with over **£2m** of applications still pending
- Produced a comprehensive guide on health technologies to help innovators access the NHS
- **5 educational events** attended by over **200 SMEs**
- **4 ENGAGE events** focusing on education and networking
- Health Innovation Programme with **15 SMEs** in attendance over 4-day course
- Co-hosting Innovation Forums with **3 NHS bodies**



# Industry and Innovation programme

## Technology Support Programme

The Technology Support Programme (TSP) has been developed by the Wessex AHSN and the Clinical Research Network (CRN) Wessex, to help commercial innovators gather NHS evidence on their products and speed the delivery of effective innovations to patients.

The Programme supports start-ups, small businesses or established companies developing medical technologies to improve patient outcomes and reduce costs to the NHS. Without clinical evidence obtained within the health system, it can seem impossible for innovators to demonstrate the value of their solution. Without evidence, NHS buyers and NICE have nothing to evaluate, so progress is stalled.

The TSP targets specific clinical themes in rounds, and comprises four parts:

- **Online application**
- **Scoring by an expert clinical panel to shortlist applications**
- **Panel presentation at a TSP workshop where all presenters receive expert feedback, advice and signposting**
- **Acceptance of a maximum of two companies to join the Programme, in each round.**

The successful companies benefit from:

- **An established research collaboration with one of our regional NHS sites**
- **Engagement with a TSP theme-expert Clinical Lead who will guide and support the development of a clinical study**
- **A fully funded associate who co-designs the clinical study proposal, supports ethics approval, prepares timelines, and liaises with the chief investigator**
- **A fully-funded bid specialist who identifies sources of grant funding, and supports the revision of funding applications (if required).**

Once funding is secured, a clinical study will be initiated, recruitment managed by the Clinical Research Network (CRN) Wessex, and results evaluated, shared and published to support the commercial innovators in gaining access to the NHS procurement process.



**“Working with the Technology Support Programme (TSP) has been an excellent experience. It has opened many doors to a wide range of support services including technical partners, clinical trial development and possible funding streams.**

**Being a part of this scheme has provided clarity and focus to our project thus increasing the chances of trial success in an acceptable time frame.”**

**Gareth Williams**  
Sales and Marketing Director  
TCS Biosciences Ltd

There are a number of ways to identify evidenced and proven innovations which are ready for spread by the AHSN Network. Many are national competitions, including the following:

- **National Innovation Accelerator (NIA)**
- **NHS England Innovation Technology Tariff (ITT)**
- **NHS England Innovation Technology Payment (ITP)**
- **Accelerated Access Collaborative (AAC).**

In addition, the AHSN Network has also designated a number of innovations as ‘national priorities’. These innovations have developed from regional projects led by individual AHSNs, and have evidence of proven impact. The AHSN Network has deemed these innovations ready for spread on a national scale.

Our Nationally Prioritised Innovations Programme uses an evidence-based method to support the spread, implementation and sustainability of nationally prioritised innovations across the Wessex region. Through our Innovation Exchange initiative, we offer support to innovators, adopters, and the wider health and care system in a number of ways, whether this be through demystifying NHS procurement, providing support for pilots, identifying demonstrator sites or real world evaluation.

Details of this support can be found at [wessexahsn.org.uk/innovation-exchange](https://wessexahsn.org.uk/innovation-exchange)

## The Innovation Exchange

The Innovation Exchange is an AHSN-wide coordinated approach to identify, select and support the adoption of innovations that improve our economy and patients' lives.

Through this approach, we aim to deliver the following:

- Needs definition
- Innovator support and signposting
- Real world validation
- Spread and adoption of supported innovations.

Funded by the government's Office for Life Sciences, the Innovation Exchange identifies innovations for the Accelerated Access Collaborative and for local adoption. The Accelerated Access Collaborative is a national partnership of organisations including NHS England, Department of Health and Social Care, Department for Business Energy and Industrial Strategy, NICE, NHS Improvement and the AHSNs.

In Wessex, we work locally and nationally with other AHSNs to make sure great products, innovations and ideas meet NHS needs. We proactively seek and develop opportunities to showcase innovators, and have a great track record of getting companies introductions and progress, usually having met us first through our Health Innovation Surgeries.

**"Wessex AHSN worked hard to get 'my mhealth' to the NHS Expo conference in Manchester, and then worked hard to bring people to the stand and help us network.**

**As a direct result, we have had not only potential new customers but had a new order, which in turn will allow these patients access to their disease specific self management programme 24 hours a day, reducing the burden on the NHS - which is what we're all working towards!"**

**Ian Thompson**  
Strategic Director  
my mhealth



## Heartflow:

**In use at Queen Alexandra Hospital, Portsmouth Hospitals NHS Trust**

### Tell us about the innovation you're using?

NICE guidelines recommend the first line use of CT scanning in the assessment of patients with chest pain. This provides excellent anatomical information about the coronary arteries but doesn't tell us whether any narrowings cause a significant reduction in blood flow to the heart. Heartflow is an innovative company that has developed a computer model to demonstrate whether any narrowings are functionally significant.

Our scans are transferred electronically (after anonymisation) to Heartflow, where they are analysed and the results transferred back to us in a maximum of 12 hours, although sometimes the results are back in less than four hours; pretty amazing considering the images have travelled halfway across the world for analysis. We can then assess whether there are any functionally significant lesions (areas of damage or abnormal change) that need further investigation and treatment. If there are significant lesions, then the next step would be to arrange invasive angiography with a view to implanting a stent at the same time.

Patients with a degree of narrowing on CT scanning but no functionally significant lesions on Heartflow are managed with medicine only in the first instance. Heartflow has helped us reduce the number of patients that we send for invasive angiography.

### How has Wessex AHSN/The AHSN Network supported you in adopting/implementing Heartflow?

We have worked closely with Wessex AHSN to evaluate the procedure. It has been great to collaborate so closely with such an exciting new technology.

### How has Heartflow made a difference to your clinical practice, and to patient outcomes?

Heartflow has made a significant difference to patients being investigated for chest pain. We now get both anatomical and functional data that helps us guide the correct patients into the catheter lab for further investigation and treatment. It also avoids unnecessary invasive tests in patients who have some coronary artery narrowing but which need no further testing after analysis by Heartflow shows that flow is not compromised in the artery.

Using Heartflow has changed our practice, making sure the right patients go forward for the right treatment at the right time.

**Peter Haworth**  
Consultant Interventional Cardiologist  
Portsmouth Hospitals NHS Trust

# Network collaboration: national programmes

The AHSNs are a connected 'Network of Networks'. We are catalysts for innovation, collaborating to create the right environment for change. We benefit from a unique collaborative of expertise and experience, sharing learning, pooling intelligence and benefiting from a pipeline of emerging and proven solutions from around the country to spread locally at pace and scale.

We are delivering seven programmes, developed regionally and selected for adoption and spread across the AHSN Network during 2018-20.

These are:

## ESCAPE-pain

Chronic joint pain, or osteoarthritis, affects one in five of the population over the age of 50, and one in two over 80. This condition causes considerable suffering and distress, and is a life-inhibiting disease.

Most people living with chronic joint pain are managed in the community, usually with painkillers, which are both unpopular with patients and potentially harmful. One in four GP appointments are estimated to be related to joint pain.

The AHSN Network is promoting the spread of ESCAPE-pain. This is an evidence-based, group rehabilitation programme for patients with knee and/or hip osteoarthritis. AHSNs provide training on the programme to physiotherapists or exercise professionals, who deliver it with the support of their local clinical commissioning group (CCG), hospital or community provider. It is now increasingly being delivered to people in leisure centres and other community venues and even workplaces, offering easier access away from clinical settings.

The programme is less costly than usual care plans and generates savings in both primary and secondary care. People achieve a marked improvement in mobility, pain reduction and mood, and are better able to achieve everyday activities.

ESCAPE-pain has already spread to over 70 sites nationally, benefiting more than 6,000 people. It will continue to spread across the country as the AHSN Network supports its wider adoption during 2018-2020.

## Atrial Fibrillation

Atrial fibrillation (AF) is the most common type of irregular heart rhythm.

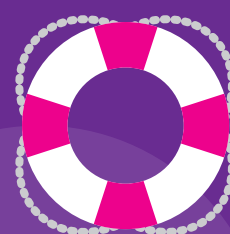
In England many people are unaware they have AF, and some people with known AF do not receive optimal treatment, resulting in avoidable strokes. AF-related strokes represent a significant burden to patients, carers, the NHS and social care.

Fourteen best-practice initiatives have been selected for spread and adoption through the AHSN Network's national AF programme, to improve care outcomes and reduce AF-related strokes. These projects are supported by our community of practice of regional AF clinicians and managers to share learning and amplify impact.

Nationally, our interventions will:



Prevent over  
**4,000**  
strokes



Save over  
**1,000**  
lives



Represent NHS cost  
savings of over  
**£84**  
million



Represent social care  
cost savings of over  
**£100**  
million



## Emergency Laparotomy Collaborative

Emergency laparotomy is a major surgical procedure, with **30,000 to 50,000** performed every year in the UK. However, around **15%** of patients are reported to die within **30 days** of surgery. Over **25%** of patients remain in hospital for more than 20 days after surgery, costing the NHS over **£200m** a year.

Funded by the Health Foundation, the Emergency Laparotomy Collaborative was established in 2015 and brings together 28 hospitals and 24 NHS trusts across three AHSN regions: Kent Surrey Sussex; Wessex; and West of England.

The Collaborative is improving standards of care for patients undergoing emergency laparotomy surgery, reducing mortality rates, complications and hospital length of stay, while encouraging a culture of collaboration and embedding quality improvement skills to ensure sustainable change.

This has involved the spread and adoption of the evidence-based Emergency Laparotomy Pathway Quality Improvement Care (ELPQuIC) bundle and learning events within the NHS trusts. Across 28 hospitals, the project has successfully reduced lengths of hospital stay by an average of 1.3 days, and crude mortality rates have fallen by 11%. A health economics analysis suggests every £1 spent will result in approximately £4.50 benefit to the wider health and social economy.

**All AHSNs have committed to supporting trusts in their regions to implement the Emergency Laparotomy Collaborative care bundle from 2018 to 2020.**

## Meet the team: Cheryl Davies



**I've worked for the NHS for over 19 years. From 2007-2018 I worked at University Hospital Southampton NHS Foundation Trust at a senior level holding Operational Manager roles in Ophthalmology and the Emergency Department.**

I joined Wessex AHSN in October 2018, bringing a combination of analytical, project management and operational experience to push the boundaries to improve patient care. Since joining the Healthy Ageing Programme, I have loved being able to meet and work with likeminded colleagues who are passionate about quality improvement to improve the outcomes for patients living with frailty.

For me, the role has enabled me to meet and connect with colleagues and make connections across all health and social care settings to generate improvement across all levels of the healthcare system.

**Cheryl Davies**  
Programme Manager, Healthy Ageing

## Preventing prescribing errors with PINCER

Prescribing errors in general practice are an expensive, preventable cause of safety incidents, illness, hospitalisations and even deaths. Serious errors affect one in **550** prescription items, while hazardous prescribing in general practice contributes to around 1 in **25** hospital admissions.

Outcomes of a trial published in the Lancet showed a reduction in error rates of up to 50% following adoption of PINCER – a pharmacist-led IT intervention for reducing clinically important errors in general practice prescribing.

The PINCER intervention is led by primary care pharmacists and pharmacy technicians. It involves searching GP clinical systems using computerised prescribing safety indicators to identify patients at risk from their medications and then acting to correct the problem.

PINCER was rolled out to more than 360 practices across the East Midlands between September 2015 and April 2017. 21,617 cases of potentially hazardous prescribing were identified. As a result of the study there was a significant reduction in hazardous prescribing for indicators associated with gastrointestinal bleeding, heart failure and kidney injury.

A number of AHSNs have now also implemented PINCER in their regions, including Wessex AHSN who have introduced it to 237 GP practices and are an early adopter of PINCER 3.

**It is anticipated that use of PINCER will result in fewer medication-related hospital admissions, and cost savings to the NHS.**



**TheAHSNNetwork**



# Network collaboration: national programmes

## Serenity Integrated Mentoring (SIM)

Across the UK, emergency and healthcare services respond every minute to people in mental health crisis. Mental health crisis calls are increasing consistently each year. In every community, up to 40% of this demand is caused by the same patients; a small number of repeat callers who struggle to manage highly complex behavioural disorders and who, as a result place intensive operational demands on police, ambulance, A&E departments and mental health teams.

Recognising that this small number of repeat callers were responsible for such a significant proportion of the demand and that NHS staff alone were not equipped to manage some of the most extreme levels of behaviour, specialist, integrated mental health care and policing teams were formed to provide a unique blend of nursing care and behavioural management. These new teams work alongside the patients and encourage even the most challenging of clients towards more consistent and healthy coping strategies.

Health economic analysis has demonstrated that this type of intensive crisis behaviour can cost police, ambulance, emergency departments and mental health services between £20,000 and £30,000 a year per patient. It is estimated that there are around 550 people across the UK who place these repeat demands upon services.

SIM intervention teams slowly reduce this pattern of high cost behaviour. Every patient is different, but the best results so far have seen crisis calls and demand reduced by up to 90%.

Based on its success to date, in 2016 SIM was adopted by the NHS Innovation Accelerator programme, and in 2018 it was selected for national scaling and spread across the AHSN Network.

## PReCePT

Between 4,000 and 5,000 babies are born before 30 weeks' gestation in England per year and stand to benefit from full national roll-out of the PReCePT programme. PReCePT reduces cerebral palsy in babies through the increased antenatal administration of magnesium sulphate (MgSO<sub>4</sub>) to mothers during preterm labour, costing from £1 per individual dose.

Following the successful rollout of PReCePT to all five acute trusts in the West of England in 2016, the project is now benefiting from £0.5 million in 'Scaling Up' funding from the Health Foundation. This will fund an evaluation to study the effectiveness of two different Quality Improvement approaches in implementing the intervention across a subset of maternity units. Successful scaling up of PReCePT is likely to prevent several hundred cases of cerebral palsy per year, based on highest grade evidence.

Funded by NHS England, PReCePT has been selected for adoption and spread across the national AHSN Network during 2018-2020.

This will bring together the 15 AHSNs and the aligned drivers of the Maternal and Neonatal Health Safety Collaborative (MNHSC) and the national Patient Safety Collaboratives (PSCs) to support the aim of achieving 85% uptake of administration of magnesium sulphate to preterm babies in all maternity units in England, with a stretch target of 95% by 2020.

## Meet the team: Adam Wells



I have spent the last 10 years working within Southampton's Integrated Commissioning Unit, a team that straddles Southampton City Council and Clinical Commissioning Group.

I moved through various roles covering the development and formation of contracts, commissioning, review and procurement of health and social care services. Most recently I lead the team's market development efforts.

Since joining the AHSN, I have enjoyed working alongside and learning from very knowledgeable and skilled people from a range of backgrounds. I have also found the broad range of projects that I work on both challenging and refreshing, whether its spreading the use of health innovation in hospitals or considering how health data can be utilised to improve patient outcomes.

**Adam Wells**  
Programme Manager, Innovation Adoption





## Transfers of Care Around Medicine (TCAM)

When some patients leave hospital they can need extra support taking their prescribed medicines. This may be because their medicines have changed or they need a bit of help taking their medicines safely and effectively.

The transfer of care process is associated with an increased risk of adverse effects. 30-70% of patients experience unintentional changes to their treatment or an error is made because of a miscommunication.

This is what the Transfers of Care Around Medicine (TCAM) project aims to address, and has involved many AHSNs developing a secure electronic interface to provide community pharmacists with quick and seamless access to patient data. When patients discharged from hospital are identified as needing extra support, they are referred through a safe and secure digital platform for advice from their local community pharmacist. Pilot projects show that patients are then less likely to be readmitted, and, if they are, will experience a shorter stay.

Wessex AHSN developed an awareness campaign to encourage people to seek help with their medicines, featuring a character called Mo in a series of animated films and accompanying poster resources for pharmacies. The films have been viewed almost 77,000 times.

National implementation of TCAM in 2018-2020 will enable each AHSN to support their local trusts to establish a TCAM pathway and refer all suitable patients to their community pharmacy or GP pharmacist where appropriate.

Nationally, with adoption across all **15 AHSNs**, TCAM has the potential in 2019-20 to make projected savings of **£28.8 million**, based on a reduction in length of stay of **13,406 days** and **2,007** fewer readmissions.



"Our work with the AHSN saw an international colleague visit, and bring his experience and expertise to the Isle of Wight.

He's worked in a healthcare system with similar challenges to the Island, which gave us the opportunity to discuss how we may be able to overcome our current challenges. The AHSN also introduced us to exciting innovations and technologies, especially tailored to the Island's current needs.

This work helped kick-start a conversation within the Trust and with our health and social care colleagues about innovation and transformation across the Isle of Wight."

Vaughan Thomas  
Chair  
Isle of Wight NHS Trust

escapepain®

@escape\_pain



SIM  
Serenity Integrated Mentoring

@SIMintensive



TCAM  
Transfer of Care Around Medicines

@AHSNNetwork



@pincerscaleup



@PReCePT\_MgSO4



@ELCSavingLives



@AHSNNetwork

# Primary Care Innovation Sites programme



## What do we do?

Providing real-world testing of innovation in primary care services



## Why are we doing it?

Evaluating innovation implementation on the frontline of primary care

The Primary Care Innovation Sites programme supports essential clinical co-creation and production of clinically safe primary care digital innovations to enhance system-wide improvements and patient outcomes.

Utilising clinical knowledge and experience to refine cutting-edge, ground-breaking innovation to make it clinically safe and fit-for-purpose in a test bed environment.

Innovation sites offer four different tiers to testing innovations:

### Tier 1: Needs validation

Confirmation that the 'need' identified by the innovator is real, ie. is there really a problem or opportunity to tackle?

### Tier 2: Functional trial

Confirming that a product or service works as intended, ie. does it function in primary care and impact the 'need' at all?

### Tier 3: Efficiency trial

Determining whether the product or service is better than the alternative, comparative outcomes and costs

### Tier 4: Spread

Implementing tried and tested innovations that have received regulatory approval which need help embedding into the NHS/Healthcare setting



Significant increase in patients, clinicians and healthcare professionals using digital technologies



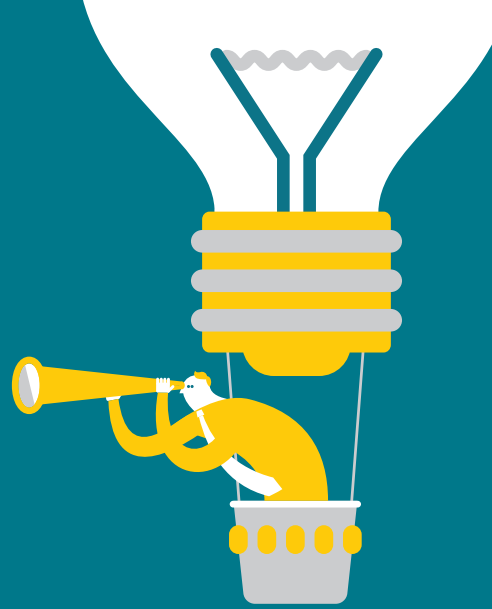
**2**  
funding awards



**9**  
different innovation implementation projects



**30+**  
registered primary care innovation sites



## What was delivered 2018-19?

### Tier 1 trials:

Two innovative products have been market tested in primary care settings – both with positive outcomes for clinical validation trials for 2019-20

One innovation secured funding to undertake a feasibility study in 2019-20

### Tier 2 trials:

Three innovations are undergoing clinical validation in primary care settings underpinned by real-world evaluations for 2019-20 dissemination

### Tier 3 trials:

Four innovative technology products are undergoing clinical efficacy trials to determine equality or better than the alternative

Results will be available in 2019-20

### Tier 4 trials:

One product is embedded in a multi-faceted primary care project to support adoption and spread of the CE marked product

Showcase of primary care innovation sites programme to NHS England

SBRI Healthcare Dental Technology competition was led by Wessex AHSN Primary Care Team supporting five start-ups develop their prototypes in Phase 1

Phase 2 planned for 2019-20



## Events and awards 2018-19:

- Awarded funding from Health Education England (Wessex) to implement a digital innovation in a dental Primary Care Innovation Site enhancing the early identification of long-term conditions
- Grant funding from InnovateUK for a ground-breaking feasibility study in early risk detection of dementia
- SBRI Healthcare Dental Technology competition led by Wessex AHSN



“A forward-thinking practice is an ideal partner to trial our revolutionary technology.

The support received from Wessex AHSN is ensuring that once proven, innovations like ours will be able to benefit patients and GP surgeries across the whole Wessex region.”

Laurence Pearce  
CEO and founder of xim

# Primary Care Innovation Sites programme



## Healthcare in Wessex – A Digital Future: AHSN Innovation Adoption Programme Coordinator Nadia Kuftinoff joins Cohort 2 of the NHS Digital Academy

In September 2016, the Wachter report identified the steps in informatics and technology the NHS would have to take to ensure it continues to deliver a high level of healthcare at an affordable cost. The report highlighted how there would need to be changes in the NHS in order to achieve a successful digital transformation. The suggested changes didn't just encompass technology but the way the workforce is prepared for this revolution as well.

The NHS Digital Academy was established as a direct response to the findings in this report. It consists of a postgraduate diploma in Digital Health Leadership delivered by Imperial College London and designed in partnership with the University of Edinburgh. Strategic input was also provided from Harvard Medical School. The purpose of the blended-learning programme is to develop present and future leaders so they are ready to take on the information and technology challenges in this period of change. Each module of the Digital Academy seeks to enhance skills and broaden knowledge in different aspects of digital health:

- **Essentials of health systems**
- **Implementing transformational change**
- **Health information systems and technologies**
- **User-centred design and citizen-driven informatics**
- **Decision support, knowledge management and actionable data analytics**
- **Leadership and transformational change**

The course is designed to implement learning immediately with reflective essays drawing on application of learning in the workplace and assignments demonstrating where this has been executed. This is supported by a wide range of online learning resources and several three day residentials at locations across the country.

Wessex AHSN Programme Coordinator for Innovation Adoption, Nadia Kuftinoff, was successful in securing a place in Cohort 2 of the Digital Academy, which formally began in April 2019. She joins just over 100 colleagues from health and social care to develop her knowledge and skills in the field of health informatics.

"I was overjoyed to be accepted," says Nadia, who is currently overseeing digital innovation adoption in the Primary Care Innovations programme and developing patient public involvement activities for the AHSN.

**"I've spent the last few years taking up any opportunity I could to be involved in digital health in Wessex, which the AHSN has been really supportive of. I'm really pleased that the Digital Academy is investing not only in current digital leaders, but aspiring ones as well."**

Faye Edwards, National Programme Manager for AF Stroke Prevention from Health Innovation Network, joins Nadia as a fellow Cohort 2 member from the AHSN Network. Rachel Dunscombe, CEO of NHS Digital Academy, said, "It's great to have AHSN representation at the Digital Academy. They work with colleagues across the health ecosystem from commissioners to service providers at a multitude of levels, so the learning from the Academy will be utilised in a hugely impactful way."

Nadia is documenting her experiences at the Digital Academy and the way in which it benefits her projects in a series of blogs, available on the Wessex AHSN website.

### Want to find out more?

Why not follow Nadia's experiences on the NHS Digital Academy

 [NadiaKuftinoff](#)



Digital Academy

"It's great to have AHSN representation at the Digital Academy. They work with colleagues across the health ecosystem from commissioners to service providers at a multitude of levels, so the learning from the Academy will be utilised in a hugely impactful way."

Rachel Dunscombe  
Chief Executive Officer  
Digital Academy



## Teledermatology in Primary Care: Developing digital pathways for earlier detection of cancer

International healthcare innovator Gnosco has joined Wessex AHSN's Primary Care Demonstrator Sites programme to test and evaluate their Dermicus teledermatology software.

The project increases accessibility and speeds up diagnosis for patients with suspected malignant melanoma and other skin cancers by providing specialist care skills remotely in primary care, hopefully reducing unnecessary referrals to secondary care.

Rachel Dominey, Wessex AHSN's Associate Director of Primary Care, said: "When Gnosco approached Wessex AHSN via our Innovation Registry, we recognised that their solution met our local stakeholders' STP priorities – the prevention and early detection of cancer, and accelerating new models of care."

"By testing Dermicus in our primary care innovation network, we can support our partners to develop and evaluate a new working method for remote consultation of skin cancer."

Gnosco's director, Philip Daniels-May, added: "Our experience in Sweden over the past four years is that patient waiting times for remote diagnosis are typically 24-36 hours, compared with anything from 2-4 weeks just to get the first appointment with a specialist via the old pathway."

"The NHS in England is a prestigious market for Gnosco. Our team are delighted to be working with Wessex AHSN to support them with meeting their local priorities for the early detection of cancer."

**Philip Daniels-May**  
Business Development Director  
Gnosco



Watch our video on the Wessex Primary Care Innovation Sites programme, and find out how we're creating opportunities to make clinical services more efficient and improve health outcomes for patients.

See the video at:  
[wessexahsn.org.uk/  
primarycare](https://wessexahsn.org.uk/primarycare)



# The Healthy Ageing programme



## What is the innovation?

To reduce the health and care provision required by our ageing population



## Why are we doing it?

Improve the quality of care of those who are living with frailty

In Wessex, in 2016, 21% of the population were over 65 years old with an increase to 30% predicted by 2030 giving a total of 612,000 over 65-year olds living in the region\*.

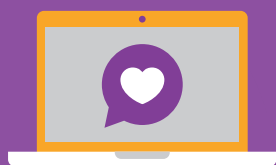
With an ageing population and the associated impact on health and social care provision and costs, the Healthy Ageing programme is focusing on opportunities to slow the onset of and reduce the severity of frailty via innovation and the rapid spread of new approaches.



**100%**

of local hospitals completed the Wessex Acute Frailty Audit (9 acute hospitals and Lymington Hospital) covering 58 ward areas highlighting variance in delivering frailty identification, assessment and care planning

In collaboration with NHS Benchmarking, a Wessex wide workshop was held to share the findings from the Wessex Acute Frailty Audit and NHS Benchmarking Managing Frailty in an acute setting project



The Patients' Association Nutrition Checklist was launched in December 2018, with **2,000 hits** during the first month



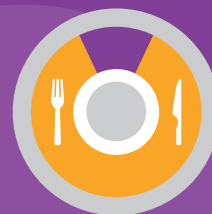
INSCOPPe (Implementing Nutrition Screening in Community Care for Older People) has seen a four-fold increase in the number of patients screened at Southern Health Foundation Trust



Completion of six month pilot project to improve hydration in 17 Hampshire County Council Care Homes (978 beds) saw 89 Hydration Champions trained and 1% reduction in hospital admissions and a 2% reduction in slips, trips and falls



Ran a feasibility trial to agree design for hydration in domiciliary care project



Working with Bournemouth University, we've developed the Nutrition Wheel and completed feasibility testing

The Older Peoples' Essential Nutrition OPEN toolkit has been endorsed by the British Dietetic Association. The toolkit has been adopted in Nottingham, Dundee, Brighton & Hove, and Waterford in Southern Ireland. The leaflet has had **2,998 views** and there has been **93 downloads** of the Malnutrition Awareness leaflet from the Healthy Ageing website





## What was delivered 2018-19?

- The Wessex Acute Frailty Audit data collection has been completed and analysed with **100% compliance** by the acute hospitals in Wessex. This was a collaboration between NHS Benchmarking and the Healthy Ageing Programme
- In collaboration with the Patients' Association, Age UK, Bournemouth University and Nutricia, the Patients' Association Nutrition Checklist was successfully launched in December 2018. The questions in the checklist have been successfully validated against 'MUST'
- The national Malnutrition Task Force (including Age UK) have agreed to promote, own and support the Nutrition Wheel. The Nutrition Wheel publication has been designed, tested and finalised ready for launch mid 2019 and will be supported by the Malnutrition Task Force in Autumn
- Final evaluation for INSCCOPE project (Implementing Nutrition Screening in Community Care for Older People) has been successfully completed with the production of the final report, workbook and training videos
- The six-month pilot of Hydration in Care homes across **17 Hampshire Care Homes** has been completed and case studies documented showing the positive impact on residents. A video has been made to showcase this.



Watch the Hydration in Care Homes video at [wessexahsn.org.uk/videos](https://wessexahsn.org.uk/videos)

## Events and awards 2018-19:

- **HSJ Value awards** (June 2018) – received '**highly commended**' for our project 'A new integrated approach across health and social care to improve nutritional care for adults across Dorset' in the category: Care of frail older patients
- Presentation at British Geriatrics Society South East and South West Thames Region Autumn meeting on the research validating the Patients' Association Nutrition Checklist against 'MUST' – October 2018
- Presentation (original communication) at the annual BAPEN 2018 conference on the research validating the Patients' Association Nutrition Checklist against 'MUST' – November 2018
- Presentation at Improvement Nutrition Collaborative in London in January 2019 on the Patients' Association Nutrition Checklist and Nutrition Wheel
- Presentation on nutrition and frailty for Wessex CLAHRC – March 2019
- Presentation at NHS Benchmarking 'Managing Frailty and Delayed Transfers of Care' national event in February 2019 detailing emerging themes from the Wessex AHSN Acute Frailty Audit
- Is Wessex Frailty Fit? Workshop held in February 2019 with national and local executive leads to identify best practice and opportunities for service improvement projects
- Webinar on the Patients' Association Nutrition Checklist and Nutrition Wheel to the BDA Older Peoples group – March 2019 to over **130 people**
- Presentation on the Wessex AHSN Healthy Ageing Programme and Wessex Acute Frailty audit at the Focus on Frailty conference (led by Southern Health NHS Trust) – March 2019
- Presentation on the Nutrition Wheel at the Wessex Public Health conference – March 2019
- Presentation on the Hydration in Care Home project at the Wessex Public Health conference – March 2019

# The Healthy Ageing programme



## Focus on Frailty

March 2019 saw a very successful Focus on Frailty Conference, where the Healthy Ageing team collaborated with the mid Hampshire Frailty team from Southern Health NHS Foundation Trust.

The day saw over 130 people come together to talk about frailty in Wessex - and how, as a system we can grow and improve services for those living with frailty across our patch.

The event was opened by keynote speaker Dawne Garrett, the Royal College of Nursing's (RCN) Professional Lead for Older People and Dementia Care - who gave the room an overview of the national perspective. The rest of the day was short presentations, powerful personal stories and showcasing the good work already happening.



“Our work with the AHSN aims to help older people live active, fulfilled, lives if they live with frailty. We do this by helping to upskill the workforce, raise awareness of what frailty is, improve quality, embed evidence-based practice in frailty services, and adopt innovations in this area

Support from the AHSN has included sponsoring a major frailty conference for over 200 people, a community of professional practice, and an upcoming audit of frailty community services.”

Dr Abigail Barkham  
Consultant Nurse for Frailty  
Southern Health NHS Foundation Trust

“Being part of the Healthy Ageing Acute Expert Group and clinical coordinator for the Wessex acute frailty audit has been a hugely positive experience. It has been excellent to work collaboratively with multi-professional colleagues from across the Wessex region who share the same enthusiasm for improving pathways for older people and those living with frailty who are admitted to hospital. Thank you to the Healthy Ageing Programme and the Wessex AHSN for bringing us all together and making this partnership so effective.”

Lucy Lewis  
Consultant Practitioner Trainee  
Older people and Frailty pathway

“Really impressed to see the joint work of NHS Benchmarking and the Academic Health Science Network in producing a stellar acute frailty audit across Wessex. It will be a linchpin for the improvement of care in this complex area.”

Dr. Dawne Garrett  
Professional Lead Older People and Dementia Care,  
Royal College of Nursing

## Want to find out more?

🐦 @WessexAgeing  
E: [healthyageing@wessexahsn.net](mailto:healthyageing@wessexahsn.net)  
#WessexFrailtyFit



# ESCAPE-Pain programme



## What is the innovation?

Supporting patients with Osteoarthritis and chronic joint pain (hip and knee) across Wessex



## Why are we doing it?

To reduce inactivity in older adults by offering combined group education and exercise sessions to help improve their health and save NHS costs

ESCAPE-Pain (Enabling Self-Management and Coping with Arthritic Pain through Exercise) is an evidence-based group rehabilitation programme designed for people aged 45+ with chronic joint pain or Osteoarthritis of the hip and or knee.

In 2017, ESCAPE-pain joined the NIA programme to promote national uptake of the programme. One of seven programmes developed regionally, it was selected for national adoption across all 15 AHSN networks for the two-year period of 2018-2020.



Wessex has moved to having  
**7**  
additional live sites with  
**15**  
in set-up in early 2019



Supported the training of  
**26**  
new ESCAPE-pain facilitators  
across Wessex in the first year



Engaged with  
**6 CCGs**  
and  
**10**  
Acute and Community Foundation  
Trusts, together with Musculo-  
Skeletal Physiotherapy Leads,  
District Council and sports and  
leisure provider organisations  
across Wessex



escapepain®

# Medicines Optimisation (MO) programme



## What is the innovation?

Helping people get the best possible outcomes from their medicines



## Why are we doing it?

To help patients get the maximum benefit from their medicines and reduce waste through a person-centred approach

The NHS spends over **£17 billion** per year on medicines. However, patients do not always get the full benefit from their medicines.

Our medicines optimisation work is supporting professionals and patients to get the most from medicines and ensure medication safety.



The NHS BSA Polypharmacy Prescribing Comparators, developed by a team led by Wessex AHSN, are used in all **195 CCGs across England** to help CCGs and GP practices understand the variation in prescribing of multiple medicines and identify patients who may be exposed to risks associated with taking large numbers of medicines or certain combinations of medicines

A recent national survey demonstrated that

**93%**

of responders found the Polypharmacy Prescribing Comparators useful or very useful

There were

**3,662 hits**

of the dashboard in a 10 day period in Jan 2019



NE Hampshire and Farnham CCG has been identified nationally as using the NHS BSA Polypharmacy Prescribing Comparators, as intended with **100%** of their practices utilising the element of the tool that finds patients at potential risk

They have demonstrated a reduction across all prescribing indicators at a rate more than double the England national level



**203**

GP practices in **eight CCGs** in Wessex are using the Pincer intervention to reduce the risk of harm from medicines



The Meet Mo videos collectively have been seen by over **200k** people

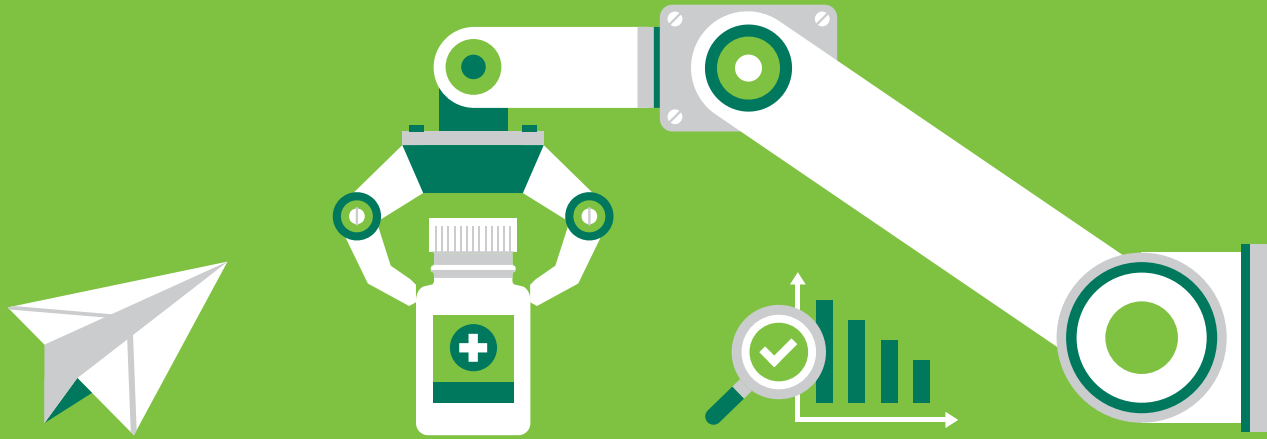


Enhanced Pincer training was attended by **64 primary care staff** from **seven CCGs** in Wessex Training covered Root Cause Analysis and Quality Improvement methodology to improvement medication safety in line with Pincer principles



**5,880**

patients in Wessex have been referred to their community pharmacy for advice and support after a stay in hospital via the TCAM service medicines



## What was delivered 2018-19?

### Transfer of Care Around Medicines (TCAM)

- TCAM is now operational in four Trusts in Wessex and plans in place for an additional **four Trusts to go live in 19/20**
- Hampshire Hospitals NHS Foundation Trust (HHFT) launched their service in May 2019

### PINCER

- Wessex is the leading AHSN currently for PINCER medication safety implementation
- PINCER is being used in **203 practices in eight CCGs** in Wessex. The remaining CCG will start PINCER training in May 2019
- PINCER Enhanced training delivered in **three sites** in Wessex for **64 primary care staff** from **seven CCGs**

### Electronic Repeat Dispensing (eRD)

- A patient facing 'Meet Mo' Electronic Repeat Dispensing Video was developed and released, which has received over **75k views**
- Two films showing GPs and Pharmacists how eRD works in practice were developed and published in March 2019. These have received **3k views**
- eRD Handbook published and shared across Wessex
- Both these resources are referenced by the NHS Business Services Authority eRD pages in addition to a joint publication outlining the benefits of eRD for general practice
- eRD in Wessex increased to **7%** of all items
- Close to **4 million** prescription items delivered as eRD in Wessex over the last 12 months

This work is particularly timely as eRD is now part of the new GP Framework 'Digital First'

### Polypharmacy

- Wessex AHSN was formally recognised by NHS England as the custodian of the NHS BSA Polypharmacy Prescribing Comparators
- Work has started on the next phase of this tool which helps General Practices to identify patients at risk from problematic polypharmacy
- We developed and delivered a novel concept of polypharmacy Action Learning Sets. **2 cohorts** comprising **42 GPs and pharmacists** ran over 2 months and the evaluation conducted by CIS shows the delegates found it valuable. Health Education England (HEE) are now working with the AHSN to develop plans to replicate this work across the south of England

## Events and awards 2018-19:

- Polypharmacy Action learning sets were delivered to over **40 GPs** in Wessex (**3 sessions x 2 cohorts**). The evaluation of these Action Learning Sets (ALSs) meant that we will run further sessions in Dorset and The Isle of Wight (IoW) and HEE has plans to collaborate with us to roll them out across the South
- Supported Dorset CCG launch of eRD implementation
- Jointly organised six Hampshire and IOW eRD Evenings with CSPC, attended by **122 pharmacy contractors** and **83 GP practice members**
- PINCER Enhanced Training events for **64 primary care staff**
- In collaboration with Novartis and The Faculty of Medical Leadership and Management we delivered leadership development for all of the senior Pharmacists in Hampshire and IoW. This work enabled the delivery of and STP medicines strategy

# Transfer of Care Around Medicines (TCAM) programme



## What is the innovation?

Sharing of information about a patient's medicines between the hospital and the patient's usual community pharmacist to ensure the safe handover of care when they leave hospital



## Why are we doing it?

30-70% of patients experience unintentional changes to, or errors in, treatment due to a miscommunication regarding medication, often resulting in readmission to hospital

**TCAM is the implementation of a safe and secure digital, clinical handover from the hospital to pharmacists in the community.**

When patients in hospital are identified as needing extra support with their medicines, they are referred for advice, on discharge, to the pharmacist in the community (usually their nominated local community pharmacist).



Original work in Newcastle, Lancashire, the West of England and the Isle of Wight has shown that patients who are referred to their community pharmacist after they've been in hospital are less likely to be readmitted and, if they are, will experience a shorter stay



Nationally, with rapid adoption across all 15 AHSNs, based on the potential savings identified by the Newcastle work, TCAM has, in 2018-19, benefited 32,758 patients and has potentially saved £54m through reduced length of stay and fewer readmissions.

In 2019-20 when TCAM is rolled out to more Trusts, further savings and further reductions in length of stay and readmissions are anticipated



**42**  
hospital Trusts had implemented TCAM by 31 March 2019 with  
**4**  
in Wessex





# Preventing prescribing errors with PINCER



## What is the innovation?

Helping people get the most from their medicines through use of proven Clinical Audit tools



## Why are we doing it?

Aim is to help patients get the maximum benefit from their medicines and reduce the risk of medication errors

**PINCER – Pharmacist-led Information technology iNtervention for the reduction of Clinically important ERrors in medicines management in general practice – is a methodology for reducing medication errors, and improving medication safety.**



Implementing PINCEr in general practices across England will also support the NHS responsibility in relation to the WHO Global challenge of **reducing medication errors by 50% over the 5 years from 2017**

In January 2019, the new GP framework contract states 'the nationally-backed roll-out of the pharmacist-led information technology intervention for medical errors (PINCER or equivalent) by the AHSNs' should be implemented as part of a new medication safety Quality Improvement (QOI) Module



PINCER was evaluated in a multicentre, cluster randomised controlled trial and the evidence of its outcomes (rates of specific prescribing errors **reduced by up to 50%**) and cost-effectiveness analysis were published in The Lancet (2012)

In 2015, NICE Guidance NG5 recommended PINCEr as a system for identifying, reporting and learning from medication related patient safety incidents

In February 2018, the Department of Health and Social Care (DHSC) short-life working group report on reducing Medication-Related Harm recommended the national adoption in primary care of proven interventions such as PINCEr



# Preventing prescribing errors with PINCER

PINCER is a tool which searches a GP practice's computer system and identifies patients who are being prescribed medicines that are commonly and consistently associated with medication errors. PINCER helps action to be taken, to reduce the risk of these errors occurring for patients.

At West Hampshire Clinical Commissioning Group (CCG), the pharmacy team has been rolling out PINCER with the help of our training and support.



"Using PINCER has helped us reduce the prescribing of high-risk medicines and improve the safety of our patients. It has also helped us build strong working relationships with our GPs and improve multi-disciplinary patient care within the practice.

Where more complex clinical medication reviews were needed, or if there was significant polypharmacy or frailty, we carried out full medication reviews; looking at all medicines, but still focussing on the high-risk meds initially identified by PINCER. We worked closely with our GPs, providing them with evidence for our recommendations.

In many cases, we contacted the patients directly to discuss why we were stopping medications or starting additional medicines. This meant that the work did not significantly increase the GP workload. However, the GPs sometimes saw patients to discuss alternatives, and to discuss the risks and benefits. In these cases, we made sure they had information to share with patients."

Sam Truscott  
Medicines Optimisation Pharmacist  
West Hampshire CCG



"As a technician covering several practices across West Hampshire, I have been running PINCER for a year now. I have found it easy to run with the pre-set filters and the information generated means a short manageable spreadsheet identifying 'at-risk' patients.

We presented our locality/CCG PINCER improvement data to several medicines optimisation group meetings, where GP Prescribing Leads from each practice were present. The feedback sessions were well-received. Clinicians have engaged with the tool because it is safety-focused, and the outcomes are positive, resulting in improved patient care."

Jayne Haigh  
Medicines Optimisation Technician  
West Hampshire CCG



# Medicines Optimisation (MO) programme

## eRD Handbook

"The content is fabulous, the diagram/ picture format is an excellent visual portrayal of the eRD process."

Keren Henderson

Medicines Coordinator Facilitator and Senior  
Medicines Optimisation Technician, NHS Chorley  
and South Ribble CCG & NHS Greater Preston CCG

## Insulin self administration

"Our team have now had time to look at the documents on your website. They are fantastic and we would love to have the Word versions of all the documents and appendices if possible."

Christine Skivington

Diabetes Specialist Nurse, Queen Elizabeth  
University Hospital Glasgow

"I was at the 'Making Hospitals Safe for people with Diabetes' conference two weeks back and found your presentation of how you implemented insulin self admin very illuminating.

I think myself and many others in the room really related to the challenges you had to overcome in order to implement it successfully."

Ben Nash

Medical Specialities Directorate and NMP Lead  
Pharmacist, Manchester University NHS  
Foundation Trust

"Patients seemed very happy to engage with the AliveCor. I think as it is quite visual they liked being able to see what was going on. They also liked the idea of being screened as many already knew that a diagnosis of AF if untreated would increase their risk of stroke."

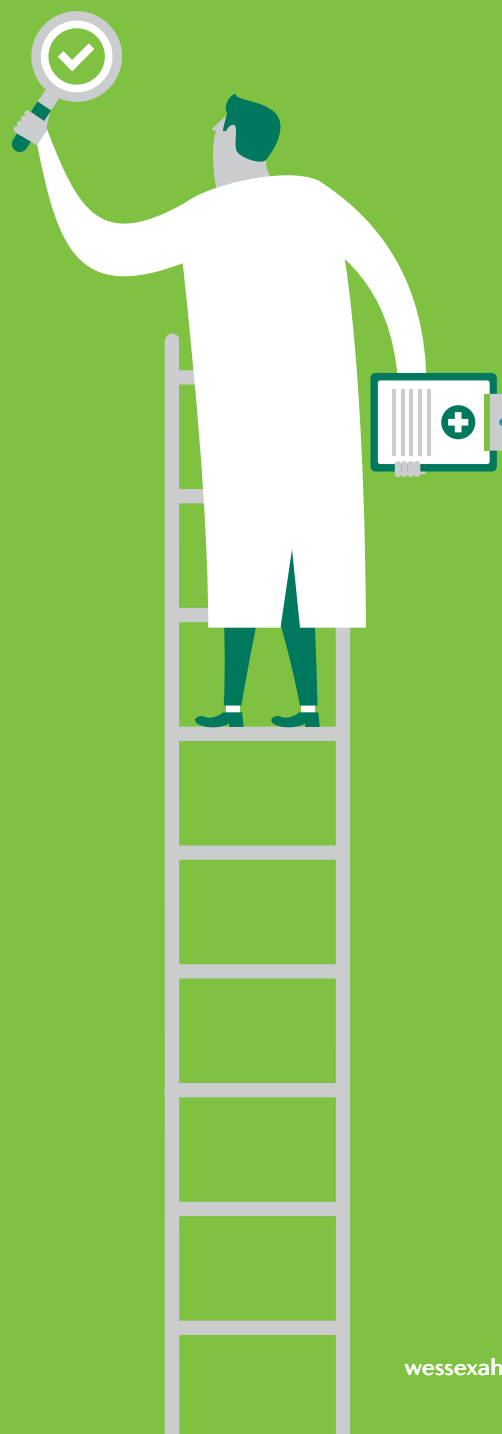
Katherine Cordingly

Partner GP, Lordshill Health Centre

"I attended Cohort 2 Polypharmacy Action Learning Set in October and November 2018 and found it engaging and very helpful. During my appraisal, I mentioned to my line manager how much that learning has contributed to increasing my confidence in delivering effective medicines reviews."

Mirjana Forsyth

North Bournemouth Anticipatory Team,  
Village Surgery Poole



# Wessex Patient Safety Collaborative (PSC)



## What do we do?

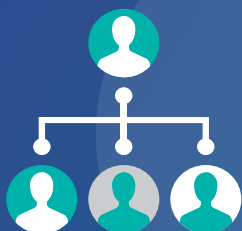
Wessex PSC is one of 15 regional collaboratives across England borne out of Professor Don Berwick's 2014 report, A Promise to Learn: A Commitment to Act. This report called for the NHS 'to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end'



## Why are we here?

We work with staff and patients in Wessex using Quality Improvement (QI), networking and scale up methods. We support this work with three objectives: To develop QI capability, to encourage patient, family and carer involvement in improvement and to facilitate the development of a positive safety culture

Commissioned by NHS Improvement, the aim of the Patient Safety Collaborative is to reduce avoidable patient harm within specified national programmes.



The Community of Safety, Quality and Improvement Practice (CSQIP) network has grown to

**730**  
members



Recruited

**68**  
new Q members, bringing  
the total number of Wessex Qs  
to nearly  
**200**



Launched the Safer Practice Framework for general practice: in three months has been downloaded

**240**  
times



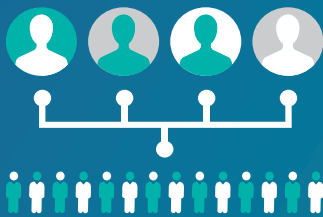
All 9 level 1 adult Emergency Departments (ED) have adopted the safety checklist



**220**  
people attended the 3rd annual  
CSQIP conference, jointly  
delivered by HEE (Wessex)



With partners we created and tested  
**3**  
tools to support staff in their  
improvement work



Our 4 clinical networks have a combined family of

**540**  
people



Delivered our Safety Culture programme to nearly

**150**  
people



Our web based QI modules have been undertaken by over

**300**  
people

## What was delivered 2018-19?

- Created a series of networks to connect improvers across Wessex, to learn and share
- This includes the virtual Community of Safety and Improvement Practice (CSIP) network, the Wessex Q community and four clinical networks focused on Emergency Surgery, ED, Physical Deterioration and the Wessex Maternal & Neonatal Learning System
- Delivered Quality Improvement and coaching support at an individual and team level with the additional provision of QI resources/signposting on our webpages
- Delivered a series of Safety Culture events with a focus on HFE and promoting positive practice
- Supported providers to implement NEWS2 and Structured Communication Tools (such as SBAR)
- Created and shared the Wessex All Cause Deterioration Guidance (WACDG). A tool to support hospital, community and care home staff to recognise and respond to physical deterioration
- Supported West Hampshire CCG in the creation and spread of Restore2. A tool for the recognition and response to physical deterioration in Care Homes – this includes NEWS2, soft signs, escalation and SBAR
- Created and tested the Wessex Adult Patient Transfer Summary (APTS) to support the patient journey from primary to acute care
- Supported ED teams across Wessex with the adoption of the ED safety checklist
- Created and shared the Safer Practice Framework (to support general practice patient safety)
- Created and tested the ScaleUp4Safety resources (including a template and START pack for spread)
- Undertaken the Q community partner role, welcoming new members and delivering 4 connection events per year
- Supported the use of LIFE QI (a virtual platform to manage QI projects & connect across the UK)
- Supported patient and public engagement with the use of the Wessex ARISE+ model
- Launched the PReCePT and Emergency Laparotomy Programmes (ELP)
- Developed and implemented the Wessex QI Hub as a website based regional / national resource to support the use of Quality Improvement in Patient Safety
- Established a Wessex Medical Examiners Collaborative and engaged system leaders across NHS & Coronial networks
- Portsmouth Hospitals NHS Trust shortlisted for an HSJ award, a project within the PSC ScaleUp4Safety programme

# Emergency Laparotomy Programme (ELP)



## What is the innovation?

Bringing together emergency surgery teams from local hospitals to improve patient outcomes after emergency abdominal (laparotomy) surgery through sharing best practice and quality improvement methodology



## Why are we doing it?

Building on the success of the original collaborative that reduced patient mortality rates by **11%**, and hospital stays by an average of 1.3 days to target quality improvement projects at individual acute hospitals



**88%**

Wessex hospitals collaborating as part of the Emergency Laparotomy Programme aimed at reducing length of stay and mortality after emergency laparotomy



8 out of 9 acute hospitals in Wessex signed up to participate in new Emergency Laparotomy Programme



Wessex-wide ideal patient pathway for Emergency Laparotomy agreed



Recruitment of clinical lead for programme



**50%**

improvement in number of trusts submitting regular, high quality data on emergency laparotomy to National Emergency laparotomy Audit (NELA)



**8**

acute hospitals have agreed quality improvement pledges



First Emergency Laparotomy Programme meeting attended by **over 20** delegates from Wessex acute hospitals



# PReCePT (Prevention of Cerebral Palsy in Preterm Labour) programme



## What is the innovation?

Administering magnesium sulfate to mothers in premature labour before 30 weeks of pregnancy, is known to reduce the incidence of cerebral palsy. For every 37 mothers given magnesium, 1 case of cerebral palsy can be prevented



## Why are we doing it?

Between 4,000 and 5,000 babies are born before 30 weeks gestation in England per year and stand to benefit from the administration of magnesium sulphate (MgSO<sub>4</sub>), costing from £1 per individual dose

PReCePT was selected by NHS England as one of the seven programmes for adoption and spread across the national AHSN Network during 2018-2020.

This evidence-based, cost-effective project is designed to reduce cerebral palsy in pre-term infants through the increased antenatal administration of magnesium sulphate (MgSO<sub>4</sub>) to mothers during preterm labour. Between 4,000 and 5,000 babies are born before 30 weeks' gestation in England per year and stand to benefit from the PReCePT programme.



Wessex is engaging with all the eligible units across the region – that's eight in total



The programme officially launched in October 2018 and will run until March 2020



## Want to find out more?

 @ELCSavingLives  
 @PReCePT\_MgSO4

## What was delivered 2018-19?

- Soft launch through the Wessex Maternal and Neonatal Learning System in October 2018
- PReCePT Programme and Clinical Lead recruited
- All eight eligible units have signed up to the programme and have a named Midwife Lead / Champion in place



# Atrial Fibrillation (AF)



## What is the innovation?

The AF programme has 3 aims – to detect AF, to perfect treatment of patients with AF, and to protect people with AF from stroke



## Why are we doing it?

We aim to prevent up to **160 strokes** and save **£3.6 million** in associated health and costs, over two years

There has been significant improvement in the detection of AF and perfection of treatment across Wessex.

Detection has increased from **79%** to **82%**, and **83%** of people requiring anticoagulation were prescribed it in 17/18 compared to **81%** in 16/17.



Detection rates in every CCG area have increased across Wessex with the overall detection rate rising from **79%** to **82%**, exceeding our NHS England target of **81%** set for March 2019 and nearing the 2020 target of **85%\***



AF detection rate, as a result of AliveCor Mobile ECG at **9%**

This is comparably high against the national average of **6%\*\***



The number of people taking anticoagulation has increased

In Wessex we increased from **81%** in 16/17 to **83%** in 17/18 (range across CCGs **79-88%**) against a national target of **84%** which the AHSN network met in November 2018\*

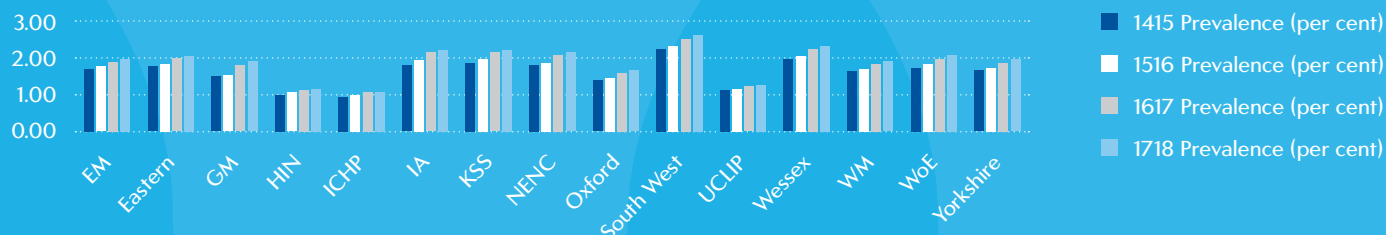


Around **40**

AliveCor training events across Wessex, with over **140 attendees**, helped to spread the availability of the mobile ECG device

## AF Prevalence (as percentage of GP register list size) by AHSN

2014/15 - 2017/18 from QoF



\*QoF Data

\*\*Kardia data, Nov 18



## What was delivered 2018-19?

### Detect

- The introduction of 350 AliveCor mobile ECG devices across the Wessex area, which will help close the gap of undetected AF
- In Wessex, we detected an additional 3287 people with AF between 16/17 and 17/18

### Protect

- The number of people taking anticoagulation has increased. In Wessex, we increased from 81% in 16/17 to 83% in 17/18. Contributing to the achievement of the National Programme target of 84% being met in November 2018
- We were awarded an AHSN Network/Pfizer grant to support prescribers in primary care to optimise anticoagulation treatment, through a programme of education, training and support. This is delivering a project in Dorset CCG
- The Isle of Wight and Portsmouth CCGs have been awarded a NHSE grant to support a programme of virtual clinics designed to optimise anticoagulant use

### Perfect

- Starting Anticoagulation with Jack: This award-winning campaign video has been viewed more than 35k times and is being spread nationally by the AHSN Network and within many local care providers
- Improved patient consultations and community pharmacy referral: there has been a 20% increase in community pharmacy New Medicines Service consultations for Anticoagulation

The New Medicines Service is known to increase medication adherence by 10%

## Events and awards 2018-19:

- Around 40 AliveCor training events across Wessex, with over 140 attendees, helped to spread the availability of the mobile ECG device
- Training on anticoagulation initiation & optimisation over several seminar sessions for over 200 nurses, pharmacists, junior doctors, GPs, laboratory scientists and other allied healthcare professionals

Across Wessex, initiatives being delivered by partners to improve identification and management of patients with AF include:

- Direct training/buddying/mentoring for three pharmacists with a specialist interest in anticoagulation supervision
- Weekday advice & guidance for GPs through eRS on anticoagulation with turnaround in less than three days
- Regional consultant advice line 24/7 for complex anticoagulation concerns
- Collaboration between Anticoagulant Specialist Services to deliver inreach/telephone outreach on working days to patients requiring initiation of or adjustments to anticoagulation
- Achievement of Time of Therapeutic Range (TTR) for warfarin consistent at 73% through close supervision & monitoring (includes patients with difficult control who are unable to switch to a direct oral anticoagulant due to indication for anticoagulation/interacting medications)
- Collaboration with ED to review emergency pathway for head injury on anticoagulation to ensure safe ongoing individualised management



Starting  
Anticoagulation with  
Jack, a resource for  
patients  
See the video at:  
[wessexahsn.org.uk/  
jack](https://wessexahsn.org.uk/jack)



# Mental Health programme



## What is the innovation?

Testing and delivering new ways of working to improve frontline care



## Why are we doing it?

Enabling local organisations to test and evaluate what works, speeding up the spread and adoption of best practice

Experiencing poor mental health can cause distress and major disruption to an individual, their family and friends.

This programme improves the provision of care and outcomes for people experiencing mental health difficulties by testing, evaluating and sharing best practice.

## What was delivered 2018-19?



### Mental Health Digital Innovation Event

- Over 80 stakeholders
- 9 mental health innovations assessed by local multi-disciplinary teams
- An opportunity to engage with the tech and the innovators
- Round table discussions assessing the tech's suitability for implementation in local services
- Evaluation report being shared to shape local mental health digital strategies across Wessex

### Mental Health Evaluation Programme

- Over 250 hours provided to support the evaluation of mental health innovations across Wessex



### Establishment of a National AHSN Mental Health Network

- Wessex has led on the establishment of a national AHSN Mental Health Network
- All AHSNs are engaged
- Regular face to face meetings and digital communication platform established
- Promoting a networked approach to spread and adoption of innovation in mental health

### Mental Health Demonstrator Site Programme

- Four innovations being supported across Wessex
- Offering real world testing and evaluation
- Resulting in faster spread and adoption of proven innovations

# Serenity Integrated Mentoring (SIM) programme



## What is the innovation?

A workforce model bringing together police and mental health services to change outcomes for the most vulnerable members of society



## Why are we doing it?

This innovation reduces the risk and number of crises for a small number of very frequent users of NHS and police services, saving both lives and resources

**SIM is one of seven programmes for national spread and adoption across the AHSN Network during 2018-2020.**

We are the national lead for the SIM programme.



**60%**

of complex service users nationally to benefit from the programme by the end of year two



**14** live teams

**16** teams setting up

## Plans for 2019-20:

- Capturing patient, staff and community case studies
- Developing sustainable business models for 2020/21
- Providing future support for this small but significant group of service users


“Since I have been with [SIM] I have one care plan that is shared at A&E, with police, my mental health team and with ambulance. This is a massive relief as everyone is coming from the same angle and I now get a joined up response which is exactly what I need in times of crisis.”

SIM service user

“I just want to thank you – I was just about to retire from mental health but now I’m staying to do SIM. You have breathed new life into me.”

NHS Trust staff

## Want to find out more?

 @SIMintensive  
[highintensitynetwork.org](http://highintensitynetwork.org)

# Insight and Implementation Science



## What do we do?

Independent expertise and capability in evaluation and implementation science to support sustainable adoption of innovation. The Insight programme includes the Centre for Implementation Science



## Why are we doing it?

To help local health and care systems understand the impact of innovation on patients, staff and system activity, and how to best support adoption and spread

**Insight capability and capacity was strengthened in 2018-2019 to increase our support to our members and National Evaluation Programmes.**

The programme was expanded to include 'real-world validations' of innovations at our demonstrator sites, evaluation advice to innovators and advice to national programmes including National Innovation Fellows (NIA).



Completed

**16**

evaluations of New Care Models – Results informed commissioning decisions



Interviewed

**29**

people and **313**

staff about their direct experiences of receiving or working with new models of care



Analysed over

**130**

case studies of people receiving new services



Provided evaluation support to

**12**

AHSN members – advice, evaluation design and evaluations



Designed and commenced data collection for

**6**

digital health interventions for real world validation

Added to a database of over

**6,000**

outcome questionnaires used in our evaluations (using the R-Outcomes tool\*)

\* [www.r-outcomes.com](http://www.r-outcomes.com)



Conducted audits of frailty pathways in Wessex and an End of Life Co-ordination Centre (Mountbatten Hospice, IOW)



Appointed to undertake 2 evaluations of national adoption and spread programmes – mobile ECG devices (Atrial Fibrillation programme) and a digital app for adults with Cochlear Implants developed by University of Southampton





## What was delivered 2018-19?

- Contributed evidence from over **16 separate evaluations** about integrated care, urgent care and social prescribing to inform planning for local Integrated Care Systems (Frimley Health and Care System and HIOW CCG Partnership)
- Completed data collection for the evaluation of the roll out of mobile ECG devices (an AHSN Network programme) including speaking to **197 staff** and visiting all 15 AHSN regions
- Evaluated an approach to plan the scaling up of Patient Safety initiatives for the Patient Safety Collaborative
- Medication safety dashboards delivered to **3 AHSNs**
- Evaluated Wessex Polypharmacy Action Learning Sets on behalf of Health Education England

## Events and awards 2018-19:

- Presented summative findings of **Happy, Healthy, at Home Vanguard** to around **50 staff** in the Integrated Care Teams
- Co-designed and hosted a workshop with the Social Prescribing Network South East and NHS England to over **60 delegates** to present evaluation evidence and approaches
- Shared learning from evaluations of non-commercial innovations with National Innovation Fellows
- Contributed to the development of the national Social Prescribing Outcomes Framework
- Presented 'Common barriers to implementing well-being worker community roles in Vanguard initiatives' at the 1st Annual Implementation Science Research Conference, King's College London



Centre for  
Implementation  
Science

# Insight and Implementation Science



## What do we do?

The Centre for Implementation Science (CIS) provides cross-disciplinary research on evidence-based implementation practices that support the AHSN. The CIS is part of the AHSN's Insight team



## Why are we doing it?

To provide analysis and evidence for health and social care innovations that increase their impact and spread into practice for the benefit of people in Wessex



**36**

evaluation reports covering digital, process and people-based innovations



Supported the training of

**26**

new **ESCAPE**-pain facilitators across Wessex in the first year



Engaged with

**6 CCGs**

and

**10**

**Acute and Community Foundation Trusts**, together with Musculo-Skeletal Physiotherapy Leads, District Council and sports and leisure provider organisations across Wessex



Worked with clients across the region



**3**

AHSNs have requested our medication safety dashboards



## What was delivered 2018-19?

### Over 30 reports

(Farnborough Vanguard\*, Fleet Vanguard\*, Aldershot Vanguard\*, Acute Workstream, ILS IOW Vanguard\*, Aldershot RHV Vanguard, Fleet RHV Vanguard, Farnborough RHV Vanguard, Dorset Vanguard ODP, Dorset Vanguard Stroke, IOW LAC Vanguard, IOW CN Vanguard, IOW MDT Vanguard, Memory Box, MymHealth\*, Polypharmacy Action Learning Sets, Electronic Repeat Dispensing\*\*, Polypharmacy\*, AF\*, Medication Safety (Wessex)\*\*, Medication Safety (Other AHSNs)\*\*

\* 2 reports \*\* More than 2 reports



## What was delivered 2018-19?

**3 Academic peer reviewed journal publications**

**19 Academic conferences attended:**

### International

- Six conference presentations
- Nine academic poster sessions

### Local

- Three conference presentations
- One academic poster session

**8 Peer reviews for international academic journals:**

BMJ Open, BMJ Open Quality, Health Education Journal, Medical Education, Clinical Teacher, The Journal of the Operational Research Society, Health System Journal, Health Informatics Journal

**4 Graduate students supervised**

**Alternative media:** BMJ Opinion (digital), Medication Safety Dashboard, Arts and health blog

**Teaching and assessing activities within the School of Health Sciences and Wessex AHSN**

Find out more about the CIS' work visit:  
[southampton.ac.uk/wessexcis](http://southampton.ac.uk/wessexcis)

Follow the team:

- @WessexCIS
- @DrDavidTweets
- @richardguerrero
- @cbmatheson1
- @CindyWessexCIS

## Meet the team: Jemima Kakpa



I joined the Wessex AHSN Centre for Implementation Science (CIS) in January 2019 as a Senior Administrator and Communications Officer.

Previously, I worked in the Employee Benefits sector as a Client Services Manager, building good relations with the clientele in the delivery of company benefits. I've also worked as a coordinator for five years providing medical assistance to travel policyholders overseas.

My love for research across various fields of study has been encouraged by a degree in Business Management with Commercial Law, and a Master's degree in International Business Management.

I enjoy supporting both CIS and the AHSN in a variety of tasks, which means there is never a dull day. It also enables me to continually exercise some of my other skills, whether analytical or creative. In addition, working with a diverse range of individuals in differing roles is certainly a highlight.

I've been fortunate to attend a few events already and it's been rewarding to see that my initiatives have been taken on board. Furthermore, I've enjoyed contributing to our significant national programme in Digital Innovation.

**Jemima Kakpa**  
Senior Administrator and Communications Officer



"Working with the AHSN has enabled us to understand how we identify, decide upon, and implement innovation across a large hospital trust, over two sites. The work has helped us identify what works, what could be improved on, and will help develop a blueprint for how the Trust embraces innovations in the future."

**Julie Maskery**  
Chief Operating Officer  
Hampshire Hospitals NHS Foundation Trust

# Our people



Dr Anastasios  
Argyropoulos  
Research Fellow, CIS



Ruth George  
Project Support  
Manager, Medicines  
Optimisation and  
Atrial Fibrillation



Dr Catherine  
Matheson-Monnet  
Senior Research  
Fellow, CIS



Heather Bowles  
Programme  
Manager, Innovation  
and Adoption



Alison Griffiths  
Programme  
Manager, Mental  
Health



Kathleen McCulloch  
Senior  
Communications  
Officer



Ms Cindy Brooks  
Research Fellow,  
CIS



Dr Richard  
Guerrero-Luduen  
Senior Research  
Fellow, CIS



Tricia Meads  
Finance Manager



Julia Carthew  
National Programme  
Manager, Medicines  
Optimisation



Sarah Harraway  
Senior Programme  
Manager, Insight



Philippa Moran  
Senior Programme  
Manager, Insight



Geoff Cooper  
Programme  
Manager and  
Improvement Coach



Jemima Kakpa  
Senior Administrator  
and Communications  
Officer



Caroline Norris  
Administrator,  
Wessex Patient  
Safety Collaborative



Cheryl Davies  
Programme  
Manager, Healthy  
Ageing



Sam Kehoe-Coulter  
PA to CEO and  
Business Support



Sandra Nwokeoha  
Research and  
Innovation Associate,  
Industry and  
Innovation



Linda du Preez  
Programme  
Co-ordinator,  
Healthy Ageing



Nadia Kuftinoff  
Programme Co-  
ordinator, Innovation  
Adoption



Robert Payne  
Programme  
Assistant, Innovation  
Adoption



Charlotte Forder  
Senior  
Communications and  
Strategy Manager



Lesley Mackenzie  
Programme  
Manager



Peter Rhodes  
Senior Programme  
Manager, Industry  
and Innovation



Katherine Gale  
Programme  
Co-ordinator, Mental  
Health



Vicky Martin  
PA to Deputy  
CEO and Business  
Support



Vicki Rowse  
Senior Programme  
Manager

# Members and stakeholders



**Andrew Sibley**  
Evaluation  
Programme  
Manager



**Andrew Smith**  
Programme  
Assistant, Industry  
and Innovation



**Paul Steynor**  
Programme  
Manager, Industry  
and Innovation



**Katie Taylor**  
Programme  
Manager, Innovation  
Adoption



**Suzi van Es**  
Programme  
Manager, Innovation  
Adoption,  
and PReCePT  
Programme Lead



**Adam Wells**  
Programme  
Manager, Innovation  
Adoption



**Wendy Wilkins**  
Business Support  
Assistant



**Matthew Williams**  
Programme  
Manager, Primary  
Care Demonstrator  
Site

## NHS Trust Members

Dorset County Hospital NHS Foundation Trust  
Dorset Healthcare University NHS Foundation Trust  
Hampshire Hospitals NHS Foundation Trust  
Isle of Wight NHS Trust  
Poole Hospital NHS Foundation Trust  
Portsmouth Hospitals NHS Trust  
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust  
Salisbury NHS Foundation Trust  
Solent NHS Trust  
Southern Health NHS Foundation Trust  
University Hospital Southampton NHS Foundation Trust

## Member Universities

Bournemouth University  
Southampton Solent University  
University of Portsmouth  
University of Southampton

## Clinical Commissioning Group Members

Dorset CCG  
Fareham and Gosport CCG  
Isle of Wight CCG  
North Hampshire CCG  
North East Hampshire and Farnham CCG  
Portsmouth CCG  
South Eastern Hampshire CCG  
Southampton City CCG  
West Hampshire CCG  
Wiltshire CCG

## Stakeholders

Industry  
Clinical Research Network  
Health Education England (Wessex)  
NIHR CLAHRC Wessex  
NHS England Wessex Area Team  
Wessex Clinical Networks  
Local authorities  
Third sector organisations

