



Wessex
Academic Health
Science Network

Wessex Academic Health Science Network Annual Review

2017-2018

Spreading healthcare innovation across Wessex



 @WessexAHSN
wessexahsn.org.uk



The Board



Fiona Driscoll
Chair, Wessex AHSN



Bill Gillespie
Chief Executive, Wessex AHSN



Richard Samuel
Commissioning Member
STP Lead for Hampshire and Isle of Wight



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



Iain Cameron
University Member
Professor of Obstetrics & Gynaecology and Dean of the Faculty of Medicine at the University of Southampton



Tony Horne
(Served until December 2017)
University Member
Director of Strategic Health Partnerships at the University of Portsmouth



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



Fiona Dalton
(Served until March 2018)
Provider Member
Chief Executive Officer at University Hospital Southampton NHS Foundation Trust



Julie Dawes
Provider Member
Chief Nurse at Southern Health NHS Foundation Trust



Tim Thurston
(Served until March 2018)
Commissioning Member
Innovation Lead at West Hampshire CCG

Members and stakeholders

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

The Executive Team



Fiona Driscoll, Chair

Fiona specialises in designing transformation strategies and operational plans to deliver successful outcomes across the public, private and third sectors. In the public sector, her work includes advice and support to Ministers and senior civil servants on cross-cutting programmes on efficiency, delivery, policy reform and IT strategy.



Bill Gillespie, Chief Executive

Bill is an experienced health manager who had worked at board level in health organisations in the UK and overseas for the last 18 years. Bill joined the AHSN in 2016, following a period leading specialised commissioning for NHS England South and two years working on Qatar's primary healthcare strategy.



Dave Meehan, FCMA, Director for Partnerships and Deputy CEO of Wessex AHSN

Dave has been employed by the AHSN since its establishment in 2013 and is currently directly responsible for all the AHSN Quality Improvement programmes. The Programmes span Primary, Community and Secondary Care and in April 2018 a new programme was established focusing on the spread and adoption of new technologies. Dave has worked in the Wessex NHS health system for almost 40 years and held board positions for 20 years including Director of Finance, Strategy, Clinical Services, Corporate services, Service Improvement, Performance Management and Communications.



Andy Burroughs, Director of Wealth and Enterprise (In post until March 2018)

Andy has 25 years' experience in a variety of sales and marketing roles operating across the public and private sector, and most recently was Director of Business Development at Tamar Science Park in Plymouth. Before that he was Director of Business Development at Ipswich Hospital NHS Trust and spent 10 years at Microsoft.



David Kryl, Director of Insight

David's career has revolved around strategy, performance and project management in complex environments. David previously held a dual role as Head of Business Intelligence at the National Institute for Health Research and Research Leader in the RAND Europe Innovation and Technology Policy team. David has also contributed to building science capacity in developing countries both in the private sector, through a biotech start-up, and the United Nations.



Sarah Turl, Corporate Business Manager

Sarah has over 30 years' experience in a variety of management roles, operating across the public and private sector including operational, sales and marketing; bringing a wide-ranging skill set to her role as the AHSN's Business Manager. Sarah is also actively engaged in the local third sector as a volunteer, and as an independent local councillor, engaging with a wide range of organisations to influence decisions affecting her local community.



Academic Health Science Networks (AHSNs) are at an exciting time in their history.

In health, as in other sectors, innovation and adoption at scale is increasingly driven by interdisciplinary research, synergies between industries, and a step-change in end-user (citizen, consumer, patient) engagement in the process. Seeing the wood from the trees, making connections, spotting opportunities, and understanding how to get traction requires a breadth of perspective and strong roots into, and across, that landscape.

Academic Health Science Networks (AHSNs) connect horizontally across research, industries, commissioners, providers and users; and network vertically between policy formulation, system design, operational coal-face and end-user experience. That role takes us across all parts of the NHS, into industry, local government and other public agencies, into universities, charities, start-ups, and into funders. And up and down the system; from the role of the GP receptionist in improvement and innovation; to dialogue with policy makers and regulators about refining system design to support adoption and spread of innovation.

Networks which are open to, and embrace, the diverse perspectives of these stakeholders will, in turn, help the systems and members which they support be open to the adoption and spread of innovation.

We believe these ambitions are reflected in our new business plan, new direction, and are indicative of a small organisation making a big impact.



Fiona Driscoll
Chair, Wessex AHSN



Bill Gillespie
Chief Executive, Wessex AHSN

Mapping AHSN programmes to the local Sustainability and Transformation Partnerships (STPs)

Programme	Dorset					STP Hampshire and Isle of Wight			South Wiltshire				
	One acute network	Integrated community services	Prevention at scale	Digitally enabled	Leading and working differently	Addressing financial gap	Addressing care and quality gap	Addressing health and wellbeing gap	Transforming primary care	Focus on prevention and proactive care	Making best use of our estates and technology	Ensuring the sustainability of acute hospitals	Improved collaboration across hospital trusts
Atrial Fibrillation		•	•		•	•	•	•		•	•		
Data-driven, digitally-delivered personalised healthcare	•	•	•	•	•	•	•	•	•	•	•	•	•
Dementia		•	•		•	•	•		•	•			
Extended primary care systems		•			•	•	•		•	•	•	•	
Healthy ageing		•	•		•	•		•	•	•			
Industry and Innovation				•	•	•	•		•	•	•		
Medicines Optimisation		•	•		•	•	•	•	•	•	•	•	
Mental Health			•		•	•	•	•		•		•	
Nutrition in older people		•	•		•	•	•	•	•	•		•	
Optimising intelligence			•	•			•	•			•		
Personalised medicine and genomics	•		•		•	•	•	•		•		•	
Reducing harm from Alcohol			•			•	•	•		•			
Respiratory		•	•		•	•	•	•		•			•
Vanguard Evaluation and New Models of Care		•			•	•	•	•	•	•	•		
Wessex International Healthcare Consortium					•	•					•	•	



The Dorset Integrated Care System (ICS) welcomes the chosen priorities of programmes with the AHSN, it fits with our local place-based initiatives. Particularly focussing on frailty, primary care and community.

Phil Richardson, Commissioning Member
Chief System Integration Officer, NHS Dorset CCG
ICS Lead Director for Dorset Integrated Care System



Atrial Fibrillation (AF): Reducing stroke across Wessex



What was delivered in 2017-18?

Engaging with key partners has raised the profile of Atrial Fibrillation (AF) and anticoagulation treatment across Wessex.

Detect

Detection rates in every CCG area have increased. The introduction of an additional 340 AliveCor mobile ECG devices across the Wessex area is underway, which will help **close the gap of undetected AF**. Between 2018 and 2020, this will help reduce AF related stroke by identifying approximately 21,000 people with AF as yet unfound.

Protect

The number of people taking anticoagulation has increased, so the percentage of patients NOT on anticoagulant medicines, prior to having a stroke, has dropped from 49% to 37%. **This has resulted in:**



£4.3m
in healthcare
costs saved



190
strokes
prevented



48
lives saved



£10.3m
health and social
care combined
costs saved

The programme has been awarded two industry grants to support prescribers in primary care to optimise anticoagulation treatment, through a programme of education, training and support.

Perfect

Starting Anticoagulation with Jack: our award-winning campaign video has been **viewed more than 20,000 times** and spread across the AHSN Network and within many local care providers.

Watch the video here: www.wessexahsn.org.uk/jack

Improved patient consultations and community pharmacy referral: The community pharmacy New Medicines Service has shown to increase consultation adherence rates by 10%. Between November 2016 and November 2017, Anticoagulant New Medicines Service consultation numbers increased across Wessex by 270 (5%) as a direct result of this service including its educational programme and support resource tools.

The programme for 2018-2020 aims to deliver an additional:



£3.5m
in healthcare
costs saved



155
strokes
prevented



39
lives saved



£8.4m
health and social
care combined
costs saved

In the news! Our work to roll out ECG devices was featured on BBC South Today.



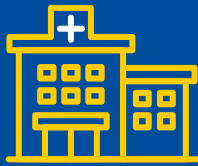
Watch the short clip:
wessexahsn.org.uk/videos/show/227

For more information or request an AliveCor device, contact:
Medicines.Optimisation@wessexahsn.net

Dementia: supporting Wessex GP surgeries to improve dementia care



What was delivered in 2017-18?



174

Implementation of iSPACE in 174 surgeries



153

Completion of iSPACE in 153 GP surgeries



3,000+

staff trained over the course of the project



6%

reduction in clinical consultations



16%

increase in diagnosis rates in surgeries implementing iSPACE



1 for 2

Increase in the number of carers identified: **one carer for every two patients**

This year, the project was finalised and successfully handed over to the nine CCGs across Wessex. Dorset, North East Hampshire and West Hampshire CCGs are each working towards 100% Dementia Friendly surgery status. The Alzheimer's Society has also picked up this work and is spreading Dementia Friendly GP initiatives across the UK.

As a result of implementing iSPACE surgeries now have:

- Dementia friendly signage
- Bespoke leaflets listing local services
- Care planning documents that focus on dementia and carers
- Trained staff
- Reduced numbers of consultations
- Increased diagnosis rates
- Better engagement with carers
- Noticeboards
- More annual reviews being undertaken

Manchester CCG will be piloting iSPACE, and following successful evaluation, spreading the initiative to 105 surgeries in inner-city Manchester.

Practices will receive a charter mark and financial incentives to undertake iSPACE as part of a package of quality improvements.

All resources, including a dementia friendly toolkit and a final impact report, are available on our website: www.wessexahsn.org.uk/ispace

1 year after iSPACE implementation across Wessex: How does it feel?

"It's a godsend. Since we've been part of the dementia programme, we're not so isolated. We're not so stuck at home. We are able to get out more and feel part of the village."

North Hampshire carer

"This work will give us a good basis on which to provide ongoing support to people living with dementia in our community."

Sherborne practice manager

Mental Health: Improving access to innovation

What was delivered in 2017-18?



A 'deep dive'

on mental health-related Emergency Department (ED) data across the Sustainability and Transformation Partnership (STP) enabling the development of new care models



90,000

university students
across Wessex.

Leading on NHS collaboration with our six Wessex universities to improve student mental health



Safe Haven Service

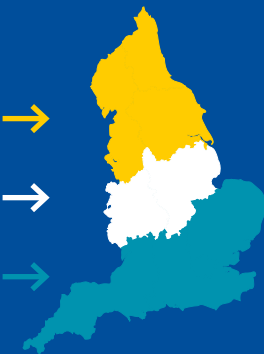
Evaluation of Aldershot Safe Haven Service: offering an alternative to ED for people experiencing mental health difficulties



13 live
teams

12 in active
discussion

13 teams
setting up



Supporting Small and Medium Enterprises (SMEs) working in the field of technology and mental health – capitalising on initial relationships established through the Small Business Research Initiative (SBRI)



We have developed a visual guide to supporting or leading organisational change

Supported the role out of Serenity Integrated Mentoring (SIM): a programme supporting multi-professional working with the police for people in crisis

A final report about our Early Intervention in Psychosis project, and our guide to organisational change, can be found on our website under 'spreading innovations'.
<http://wessexahsn.org.uk/triumph>

What's next?

- Establish four mental health demonstrator sites across Wessex: offering real world testing and evaluation for mental health technology
- Continue supporting our local universities and NHS services in improving access to mental health services for our student population
- Support Hampshire and the Isle of Wight (HIOW) STP in reducing expensive out of area placements through digital simulation modelling

Wessex Patient Safety Collaborative: working to build a culture of continuous learning and improvement

Wessex

Patient
Safety
Collaborative

Wessex Patient Safety Collaborative (PSC) is one of a network of 15 regional Collaboratives established to work together to build a culture of continuous learning and improvement as part of NHS Improvement.

Commissioned by NHS Improvement, Wessex PSC is one of 15 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." Wessex PSC works with patients and partners (national and local) to increase capability in patient safety and quality improvement.

What was delivered in 2017-18?

- Built and sustained four vibrant Wessex Networks, focusing on: Deterioration, Maternity and Neonatal, Emergency Surgery and Emergency Departments
- Delivered the second annual Community of Safety and Improvement Practice (CSIP) Conference to 220 delegates (jointly with Health Education England, Wessex)
- Increased the membership of CSIP (our virtual Community of Safety and Improvement Practice) and LIFE QI (our Quality Improvement platform), to over 800 people
- Supported three teams to Scale Up projects in Salisbury, Portsmouth and West Hampshire
- Delivered our Quality Improvement Programme (QIP) to over 300 people
- Launched a virtual foundation Human Factors and Ergonomics (HFE) and Quality Improvement (QI) module and delivered new Promoting Positive Practice sessions
- Recruited 100+ people to the Wessex Q Community (circa 130 Q Community members)
- Safer Practice Framework shared with 40 practices for testing, developed the Adult Patient Transfer and delivered sessions on deterioration and sepsis in primary care.



Working the way you do can only result in saving lives and getting the number of deaths down from this figure of 44,000 per year, which is a staggering amount of families that are affected by sepsis.

I am of the feeling that with your commitment, compassion, and enthusiasm the realisation of improving the outcomes of the deteriorating patient will be seen year on year.

Thank you for making me part of the organisation.

Martin Davies, Wessex PSC patient partner

What's planned for 2018-19?

Going forward, the 15 PSCs collectively support the national safety agenda, getting behind three common national priorities:

- The Deteriorating Patient – to support the use of a clear and common language across the system when patients are deteriorating; this includes effective use of the National Early Warning Score (NEWS2), appropriate escalation and use of a structured communication tool to reduce variation and improve quality of care
- Maternal and Neonatal Health Safety Collaborative – to support the NHS Improvement Maternity and Neonatal Quality Health Safety Collaborative; through Quality Improvement (QI) coaching, access to the LIFE QI system, supporting local teams with their culture survey de-briefing and supporting system wide sharing and learning by embedding the Wessex Learning System
- Safety Culture – to raise awareness of the relevance and importance of culture on safety and to build capability of changing culture at different levels to allow safety to flourish; with a focus on Human Factors & Ergonomics and Promoting Positive Practice delivered via six Safety Culture events in 2018/19.

In addition, Wessex PSC has a collection of local projects with a focus on Connection, Innovation, Measurement and Scale Up (CIMS) across Wessex.

To support local patient safety work, build QI and patient safety capability; through creating and sustaining healthy and vibrant clinical networks, raising awareness of patient safety innovations, increasing capability and knowledge around measurement for improvement and supporting improvement teams to scale up patient safety projects.



Dr Simon Freathy,
Venous Thromboembolism
Specialist Practitioner
at Portsmouth Hospitals
NHS Trust, tells us about
his work with the Wessex
PSC.

How have you worked with PSC?

On three separate PSC patient safety funded projects:

- Safety Learning Screens in staff rooms to display learning from safety related incidents and near misses
- A project to understand current patient knowledge and raise awareness regarding cancer-associated thrombosis; and,
- A project which looked at current levels of VTE prevention information given at discharge to understand if it delivered the 'right' information to patients. Patient feedback is enabling us to redesign the information we deliver.

Currently I am working with the PSC on a project scaling up a quality improvement project called 'Time to Act' which is implementing a deteriorating patient pro forma at Portsmouth Hospitals NHS Trust.

Why is this important for patients?

The support, both financial and practical, from the PSC has enabled me to deliver projects that have delivered benefits to patients through improved knowledge and understanding that the Patient Safety Fund projects have brought to their intended target populations.

I have also been fortunate to have been awarded a Patient Safety Scholarship from the PSC, in conjunction with NHS Improvement, which I am using to undertake an MSc in Patient Safety at Imperial College London. This course is providing an excellent grounding in the academic and practical principles of Patient Safety science.



Digital Health: looking to healthcare of the future

What was delivered in 2017-18?

- Active and ongoing involvement in the Hampshire and Isle of Wight (HIOW) STP Digital Transformation Board, and an advisory role within the STP prevention work stream
- Hosted an Information Governance event to review and develop data sharing processes
- Participation in the AHSN health innovation surgeries for SMEs
- Delivered **three Information Governance Taskforce workshops** addressing the barriers and solutions to accessible data sharing for the HIOW STP footprint with a view to sharing learning in the wider Wessex region
- Actively supporting the transformation of information governance processes
- Supported the development of the NHS England Population Health Management Information Governance Support Tool
- Produced a prototype of regional information governance platform with input from service providers, researchers and evaluators with a view to launch in 2018 to support Wessex Information Governance activities
- Leadership and management of the HIOW Optimising Intelligence Board & programme activity
- Representation on HIOW STP Digital Transformation Board
- Representation on HIOW STP Innovation Hub and Clinical engagement forum
- Facilitation of myCOPD roll-out (one of the products covered by the new national Innovation and Technology Tariff)
- Participation in Bournemouth University Digital Health and Care Interest Group

What's next?

- Deploy a platform which digitises key Information Governance processes (either as Wessex or as an early test bed for NHS England)
- Complete a local evaluation of the roll-out of the one digital technology – myCOPD – on the national schedule of innovation tariff payment technologies
- Explore with funders and industry – ‘Who pays for digital disruption?’ – and publish our findings
- Our wider Industry programme supports digital innovators



Wessex International Healthcare Consortium (WIHC): brokering world-class health services across the world

What was delivered in 2017-18?

First WIHC Advisory Board in September 2016

Board meets bi-monthly with guest speakers for example, from;

- UK Indian Business Council
- UK Association of Southeast Asian Networks
- Chinese British Business Council
- More than 30 opportunities responded to on behalf of WIHC through DIT and UKIHMA pipelines.

These include:

- Healthcare beauty products
- Clinical knowledge
- Training & education

Specific examples:



Isle of Wight NHS Trust

SIM project (specialist mental health and police teams, supporting high risk mental health service users); set up in Holland in June 2017



University of Southampton

Collaboration with Temple University, Philadelphia – AHSN hosted delegation



Bournemouth University

WIHC model exported to/ adopted in Malaysia



Portsmouth Hospitals NHS Trust

Collaborated with the Department of International Trade: Trinidad & Tobago to develop an antenatal screening programme for diabetes

- Members of UKIHMA – the United Kingdom International Healthcare Management Association

What's planned next?

- Support the international uptake of the SIM model
- 60 minute speaker session at International Forum in Quality & Safety in Healthcare – Amsterdam, May 2018
- Developing in international target markets

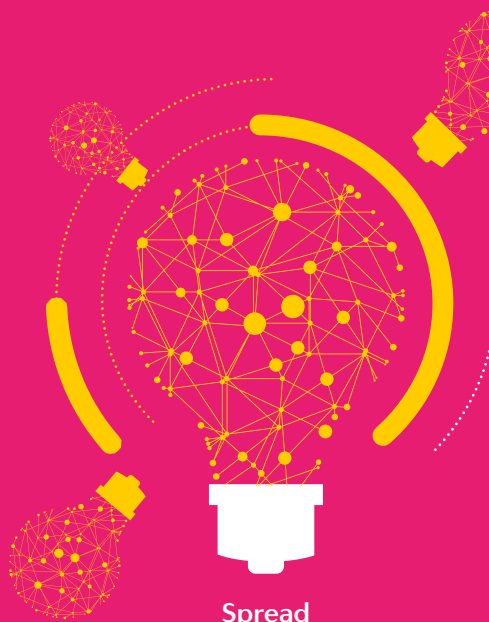
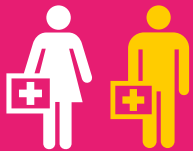
Find out more: wihc.co.uk and check out our prospectus online

Follow us on twitter @WessexIHC

Our first five years in numbers:

We have now finished the first five years of our licence, and in May 2018 AHSNs were licensed for a further five years by NHS England.

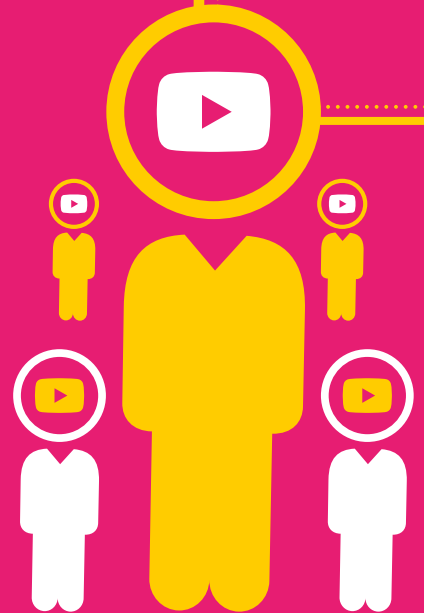
Here is a compilation of our impact – counting from April 2013 to March 2018.



Spread

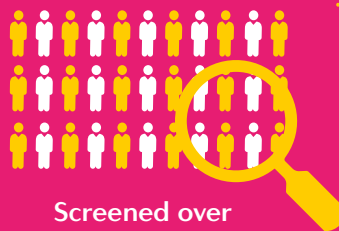
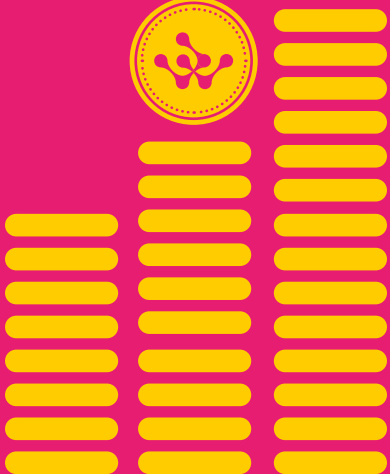
43

innovations to other
AHSNs in England



1 million+
views of our videos**

Leveraged
£18.3m
worth of grants for
our members



Screened over

7,000

people at risk of
undernutrition

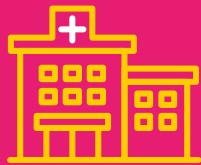




39,000
people directly
involved with or
treated by our
programmes



Awarded 14 contracts
generating
£8.4m
for the Wessex economy



174
Wessex GP surgeries using
iSPACE, training over
3,000 staff



Spread innovations to
644 sites



254,000
people screened by our programmes*



Adopted
32
innovations back into
the Wessex AHSN



Supported
40
healthcare start-up
companies with the Health
Innovation Programme

*may include some double-counting as some people may have been seen by more than one programme
**since 2011, when the AHSN was the HIEC Partnership

Evaluating health innovations

Wessex AHSN has continued to provide independent evaluation expertise to the Vanguard programmes and other New Care Model initiatives. With this work, we are helping to evidence the impact of New Care Models on patient experience, staff experience and the wider system and to facilitate the best use of this evidence to benefit patients across Wessex.

What was delivered in 2017-18?

- Supported Vanguards in North East Hampshire and Farnham and Isle of Wight in the third year of the Vanguard programme
- Completed **24 separate evaluations of New Care Models** to understand the impact on patients, staff and the health and social care system
- Described and evaluated **19 different New Care Models**, particularly in out-of-hospital urgent care and integrated care (including Integrated Care Teams, Enhanced Recovery and Support at Home, Urgent Care Centres in Primary Care, Rapid Home Visiting services, Safe Haven, Social Prescribing services)
- Disseminated the evidence through **three evaluation symposia** with **250 attendees**
- 10 completed or planned publications - we have co-published two papers to spread learning on impact and evaluation methods
- Have a strong focus on understanding **5,153 patients'** and **746 staff** experiences of new models of care using R-Outcomes (our industry partner)
- Influenced commissioning decisions, continuous improvement work and the development of staff



24
separate evaluations of
New Care Models



250
attendees disseminated
evidence at three
evaluation symposia



19
different
New Care Models



4
Evaluations of a further four New
Care Models on the IOW

What's planned for 2018-2019?

- Summative evaluation of NEHF Vanguard programme
- Evaluations of a further **four New Care Models on the IOW**
- Evaluation of **two national spread and adoption programmes** for the Health Foundation Scaling Up Programme (telemedicine for adults with cochlear implants) and AHSN Network (mobile ECG devices)
- Further evaluation support to members to facilitate spread and adoption of high impact New Care Models

Implementation Science



Our implementation science team develops cross-disciplinary research and evidence-based practices that support the AHSN and its quality improvement programmes. Our work aims to maximise healthcare resources to improve public health.

What was delivered in 2017-18?

Supporting Wessex AHSN projects with implementation science, research and data analysis:

Dementia, iSPACE, Nutrition, Mental Health, Medicines Optimisation, Atrial Fibrillation, Reducing Harm from Alcohol, Primary Care and Wessex Cancer Diagnostics Demand and Capacity Project.

Independent evaluations of Wessex Vanguard New Care Models:

- Two reports pending for the following **Developing One NHS in Dorset** work streams: pathology and stroke
- Four major contributions to **My Life, a Full Life** reports (Isle of Wight)
- Produced **nine main reports** for **Happy, Healthy, at Home** (North East Hampshire and Farnham)

Digital Health:

- Evaluating the Dorset CCG pilot of digital self-management platform **myCOPD, myHeart, myDiabetes**
- Leading evaluation of the experiences of GPs, community pharmacists and people who use electronic repeat dispensing services (eRD) in Wessex
- Leading project on how GP practices in Wessex have engaged with the implementation of e-consultations

Healthy Ageing:

- Evaluated the Wessex Heritage Trust's **Memory Box Project**
- Contributed to Bournemouth University's **Exploring community healthcare staff experiences of current screening and treatment practices for malnutrition**

Healthcare modelling:

- Endoscopy activity, capacity and demand modelling for **all NHS trusts in Wessex**
- Modelling the insulin self-administration process at University Hospital Southampton
- National polypharmacy trend analysis

Population analytics for practice change:

- Atrial fibrillation: highlighting variations in local practice across Wessex
- Understanding local hospital activity for Alcohol-Related Liver Disease

Media:

The University of Southampton research and enterprise publication, **Re:action** has featured the CIS' work - Endoscopy capacity modelling and Serenity Integrated Mentoring (SIM) evaluation: **Evaluating the impact of NCMs on how people feel in Wessex**

Activity/outputs:



Interactive dashboards and data visualisation



11

academic
peer-reviewed
publications



28

evaluation
reports



6

Presented our work at six
major conferences/symposia

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

Follow the team on 
@WessexCIS
@DrDavidTweets
@richardguerrero
@cbmatheson1
@CindyWessexCIS

What's planned for 2018-2019?

- Increase AHSN impact through targeted evaluations of innovations and holistic implementation science projects, encompassing patient pathways and NHS cost impact
- Generate evidence for the AHSN Network's Innovation Exchange, and implementation managers, who will use best practice to actively assist the NHS with adoption of innovations
- Enhance regular technical exchanges and co-ordinated working with universities, Clinical Networks, NIHR CLAHRC Wessex, Biomedical Research Centres and Clinical Research Networks

Industry and Innovation: better outcomes for patients, value for the NHS, supporting innovators and growing businesses

What was delivered in 2017-18?

Health Innovation Programme (four-day course for Wessex start-ups)

In 2016, 11 Wessex health innovators attended and received support, two of which were invited to apply for free support in the University of Southampton's Science Park Catalyst Centre. One of these has gone on to raise £500k in venture capital. In 2017, representatives from 14 Wessex start-up companies attended, of which six were asked to apply to the Catalyst Centre, signifying an increase in the quality of the start-up businesses. In 2018, 15 companies attended the same

course with excellent feedback, and we look forward to watching their progress.

In 2017-18, we have seen and advised 26 Wessex start-up companies at Health Innovation Surgeries, including those developing innovative wearable technology, self-care apps and new products for the frontline NHS, all with follow-on actions for support. Since 2016, a total of 46 companies have been supported through this route.

Funding Support Service (find grants, check and send)

In 2017-18, we produced and published six Money Minutes podcasts and 14 funding newsletters to bring grant opportunities to local businesses.

In 2017-18, we helped 19 organisations apply for business development grants. Five of these applications have been successful so far (four more pending), securing total awards of £1.5M. This brings the total raised for SMEs, since 2016, to £3.4M.

Helped four companies reach

10,000

potential customers

provided 107 companies with support



40

start-up health innovation companies supported through the Health Innovation Programme since 2016



Exhibit at major events

We have supported four companies to exhibit at major events, reaching collective audiences of over 10,000 people



Innovation Forum

We've held three Innovation Forums, where 26 innovators have talked directly to potential end-users from the NHS and universities. The feedback from these events was very positive, including requests to go on tour across the Wessex patch.

In 2017-18, we have arranged face-to-face feedback from clinicians for eight innovators, providing direct advice on what clinicians need to help co-create solutions.



1400 hours of industry help



SMEs awarded

£1.5m

business development grants

What's planned next?

- At least **12 companies** joining the **Health Innovation Programme (HIP)** to produce improved business plans, business models and pitching skills. Ongoing relationships supporting product development and launches, bringing innovations to patients faster
- **30 companies** attending **Health Innovation Surgeries** and benefiting from a free one-hour meeting with a diverse panel, and appropriate actions/follow-ups
- At least **10 funding newsletters** to highlight funding and support opportunities to local companies
- At least **10 companies supported** to identify and apply for development grants, bringing in at least £1m to Wessex companies to help get innovations to patients faster
- At least **three Innovation Forum tour dates**, held across Wessex, bringing innovators and clinicians closer together
- Broker invites to at **least four external events** for our local SMEs.
- Bring start-ups and SMEs together with NHS decision-makers, resulting in ongoing conversations, pilots and contracts
- Help at least **three innovators get clinical feedback** on the need they have identified, and the solution they are proposing
- NHS Innovation Accelerator (NIA), Small Business Research Initiative (SBRI) and Innovation and Technology Tariff (ITT) Support: financial support for the national programme, and local support, introductions and uptake for at least two NIA fellows and for local SBRI recipients



30

Wessex start-ups or SMEs attending the Health Innovation Surgeries



£1m

Development grants for at least **£1m** to local companies to help get innovations to patients faster



10

Funding Newsletters



Spotlight on: Will Britton, former Health Innovation Programme alumni and owner of AutonoMe, tells us how he's worked with the AHSN.

How has the AHSN helped you and your business?

When starting the company, Wessex AHSN helped us to further develop our understanding of the business plan. The AHSN also made a variety of introductions and provided us with networking opportunities to local organisations, where our solution could be something they were interested in. These introductions led to new clients, and helped us expand in the Wessex region.

What have been the greatest challenges you've faced?

Did the AHSN help you overcome these?

The biggest challenge has been to really understand the commercial side of the social care market. Understanding this is an ongoing challenge for us, and one that the AHSN helped with. This help has led us to refine our offer to the market; ensuring it meets their needs.

What are you most proud of?

Having an idea which is now being used to help people live independently in their home across the country.

What's next for you?

Looking to scale up our solution, there are still many more people AutonoMe can help, and we're keen to do so.

Find out more about AutonoMe at www.autono.me.uk and [@AutonoMeNews](https://twitter.com/AutonoMeNews)

Testing healthcare innovations in primary care

This programme fills the gap of testing the impact of early-stage innovations.

Focusing on conducting practical, rapid (within a year) and robust trials of packages of innovations to fundamentally improve outcomes and efficiency of clinical services. The Primary Care Demonstrator Site programme was new for 2017-18, and provides the opportunity to combine new technologies with changes in how services are delivered.

Demonstrator sites offer three different tiers to testing innovations:

Tier 1: Needs Validation

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

Tier 2: Functional Trial

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

Tier 3: Efficacy Trial

Determining whether the product or service is better than the alternative; comparative outcomes and costs, and; generating evidence of sufficient quality to present to regulators

Tier 4: Spread

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

In 2017-18, five Primary Care Demonstrator sites are working with four innovative tech companies:



xim



Cupris



Cardionetics



Echosens

What's next?

- Recruit more than 12 sites to take part in the programme
- Increase the adoption and spread of innovations within an NHS primary care setting – local and national initiatives
- Enhance the relationship between industry and primary care providers/commissioners
- Funding disruptive innovation - problem solving unexplored issues such as payment mechanisms in the system

Support the development, adoption and spread of innovations funded through:

- National Institute for Health Research (NIHR)
- National Innovation Accelerator
- The Small Business Research Initiative (SBRI)
- Innovate UK





Spotlight on: Dr Anthony Leung, GP partner at Badgerswood Surgery in Bordon and keen advocate of healthcare innovation, is trialling xim LifeLight™ at his surgery. He talks to us here.

How are you working with the AHSN to help spread technology innovations in primary care?

We're currently working on six projects with the AHSN, from being a dementia friendly surgery, Carousel Clinics (improving the respiratory health of patients), AliveCor which is used to pick up abnormal heart rhythms, through to LifeLight® - software which detects patients' vital signs by observing tiny changes in skin colour. These, hopefully, will save me time in the patient consultation. I think like-minded people end-up talking to each other, and wanting to trial new advances, and just get on with it.

What are the greatest challenges for your work?

Time, undoubtedly. We are so short of GPs and clinicians in the UK right now, as the demand is so great. So, anything that can save me time is so welcome.

What do you think has been the biggest achievement this year?

The actual results of the trials, we've now got some good data from the Carousel Clinic that we held, the patient feedback has been excellent, and clinically, there have been fewer admissions to hospital as a result. Another project we did is about thinning blood to stop people having strokes; and I can't really prove who would have had a stroke if we didn't do it, but if we saved two people having a stroke, that's worth all the effort!

How is this new technology going to help GPs and patients?

If new technology can save half a minute in a patient's consultation, great. Plus, if patients can self-manage by using an automated machine, great. It saves me time, and it actually improves the patient cycle.



Watch our primary care video at wessexahsn.org.uk/videos

The Healthy Ageing programme: supporting Wessex to age well, and stay independent

Aiming to add value to the frailty agenda and activities in Wessex through focus on innovation and spread

An ageing population is one of the biggest challenges for our future in Wessex:



24%
of the population
in 2012 over 65 years old



30%
of the population in 2030
over 65 years old amounting
to 600,000 people in Wessex
(estimated ONS data)



2037
the population of the over 80s
expected to have doubled

'Frailty' is a distinctive health state related to the ageing process, where multiple body systems gradually lose their built-in reserve. Progression of frailty means an individual has increasingly complex health and social care needs, with increased risk of falls, disability, and need for long term care.

In 2014, it was estimated that...



6.5%
of over 60 year olds



30%
of over 80 year olds



65%
of over 95 year olds

...were living with frailty (Age and Ageing 2014)



"The healthy Ageing programme will help by engaging with health and social care services across the region, ensuring widespread dissemination of good practice and developing a clear local focus on the planning of frailty services within our region. By the end of our ambitious programme, I hope we will have developed a region-wide approach to the management of chronic health problems in our older population with particular focus on prevention and planning for the future."

Dr John Duffy, stroke and frailty consultant at Hampshire Hospitals NHS Foundation Trust and a member of the Healthy Ageing steering group



"Frailty is important both because of the challenges it presents for health services, but also, and more importantly, the need to ensure people live well with frailty, and avoid the risk of deterioration and poor quality of life. Wessex AHSN is taking the lead by ensuring innovative changes in services designed to improve the experience of frailty are well-grounded in research evidence. I hope the Wessex programme of work gains the commitment of local health service providers to develop reliable quality improvement tools that can be used nationally."

Dr Elaine Maxwell, clinical adviser, NIHR Dissemination Centre

Projects planned for 2018-19 within three streams of work:

1

Nutrition and Hydration

- Produce and publish the nutrition wheel
- Implement **Hydrate for Care Homes**: phase 1 in 16 Hampshire County Council care homes; Phase 2 HIOW-wide. Phase one launched in April 2018
- Develop / evaluate Hydrate for Domiciliary Care (3 – 5 agencies for pilot). Modify Hydrate in Care Home approach

2

Evaluation

- Weymouth and Portland Community Hub: quantitative evaluation based on Dorset CCG collated Dashboard Data
- Inpatient Carers Hub, UHS
- Ongoing identification and prioritisation of innovations for evaluation
- Evaluation of Red Bag in Care Home rollout across north and mid Hampshire

3

Spread

- ESCAPE Pain (national AHSN programme and NIA Fellowship)
- Joint working with NIHR Dissemination Centre to use themed review 'Comprehensive Care: people with frailty in hospitals' to develop an audit looking at care of people with frailty in hospital. Development of audit with Healthy Ageing Programme acute care expert group with plan to pilot across Wessex
- Ongoing identification and prioritisation of best practice for spread
- Development of Healthy Ageing Timeline to showcase and share Wessex-wide and national Healthy Ageing and frailty initiatives



Wessex Genomic Medicine Centre (GMC): Delivering the 100,000 Genomes Project across Wessex

What was delivered in 2017-18?

Wessex GMC has now submitted over 4,000 samples into the national 100,000 Genomes Project; a major drive to improve the diagnosis and treatment of rare disease and cancer for patients.

The majority of these are through University Hospital Southampton NHS Foundation Trust (UHS); the following trusts have also joined the project, as Local Delivery Partners, to help reach more patients :

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



4,000 samples
into the 100,000
Genomes Project

Recruitment of patients to the 100,000 Genomes Project ends in September 2018. We have supported Wessex GMC to produce engagement materials, such as posters, banners, and 'How to' guides for clinicians. These have been used at exhibitions and events regionally and nationally.

Public engagement

The AHSN identified, planned, and delivered an opportunity for in-depth public education on the project through the Café Scientifique network, Pint of Science and U3A networks:



across **90-minute**
dedicated events



reaching
435 people



in **seven of our**
towns and cities.



Jenny's story

Jenny and her parents were the first adults recruited to the 100,000 Genomes Project in Wessex. Now in her thirties, Jenny has lived with a number of life-threatening conditions from birth, which include disease of the immune system, and severe allergies to food and medicines, causing her to go into anaphylactic shock on a frequent basis.

Happily, a full diagnosis was made through genome sequencing: a spontaneous genetic defect, which affects how the white blood T-cells generate antibodies.

"Learning that it was a spontaneous mutation was a massive thing to be able to tell my parents; that it didn't come from a family history," Jenny said. "The diagnosis has meant that I know there are eight other people like me! That's quite astounding," Jenny said.

"It can be very lonely having an un-diagnosable condition. These results might give answers to many others out there; that's really powerful and it makes me feel very happy that people with small children with this condition will know that actually it's not a terrible life sentence."

In the months since receiving Jenny's diagnosis, Professor Tony Williams and the team of geneticists at Wessex GMC have subsequently identified three other families in the Wessex region affected by the same genetic disorder.

Jenny's story: <http://bit.do/Jenny-story>



Ilona's story

Ilona was 19 years old when a culmination of several years' sporadic ill health and hospitalisation ended with her spending over four months in a coma in intensive care at Southampton General Hospital. From the age of 8, Ilona had experienced sensory issues including loss of vision and hearing problems, which then deteriorated to seizures triggered by anything from sunlight to smartphone screens.

Sadly, Ilona went into status epilepticus; a dangerous condition where seizures occur close together without recovery in between. Ilona slipped into a coma and had to be supported by a breathing machine (ventilator) to help her to breathe.

With her life now hanging in the balance, Ilona's clinical team asked for her exome to be sequenced by the Wessex Clinical Exome Project. The human exome is the part of our DNA (our genome) which holds the majority of genetic changes known to cause disease.

Working against the clock, the clinicians made a fascinating discovery, which led to a rapid transformation in Ilona's health. Consultant clinical geneticist, Dr David Hunt, found a variant in a gene that causes a condition called pyridoxine dependent epilepsy, which can be managed with vitamin B6.

Ilona began treatment with B6 immediately, and incredibly, within just 48 hours, was transformed. Since then, Ilona has made remarkable progress; reducing the strong anticonvulsants she was taking, enjoying normal life again, and even travelling independently around Europe. She intends to return to university to study nursing.

"For everyone that looked after me; I don't really have the words to give to them. They did so much for me. People change your life, they don't just save it - but they mean you can continue living," Ilona said.

Ilona's story: <http://bit.do/Ilona>

Professional engagement

Wessex AHSN has helped spread our innovative ideas across other GMCs contributing our ideas, approaches and materials at a national level.

We've held major 'onboarding' events for Local Delivery Partners in May and September 2017, attended by 100 and 60 delegates respectively. Encouraging engagement has been followed by increased patient recruitment into the project. We also support an extensive genomics education programme for health professionals and student clinicians, delivered via consultant geneticists, engagement and clinical ethics leads.

Patient engagement

We've worked with patient organisations to hold an information event for over 30 parents of children with undiagnosed genetic conditions.

Our social media channels share patient stories and support national campaigns from Genomics England. Two participant story films have been created for Wessex GMC by the AHSN communications team, and launched nationally to highlight the life-changing impact of genome sequencing. To date, they've received a combined total of 800 plays and almost 27,500 views.

What's planned for 2018-19?

- To mark the end of the 100,000 Genomes project, we will be celebrating regional achievements and looking to the future at a high profile Wessex event in October.
- The 100,000 Genomes Project has created the infrastructure needed to mainstream genome sequencing into a new national Genomic Medicine Service for the NHS.
- The Wessex GMC structure is integral to the network of Genomic Laboratory Hubs, which will be rolled out from October 2018.

To find out more about the role of genomics in the region's health system, please contact:
genomicsrd@uhs.nhs.uk  **@WessexGMC #Genomes100K**
or visit uhs.nhs.uk/WessexGMC

Nutrition: tackling undernutrition in older people across Wessex



This programme has three focus areas:

- Nutritional screening and care planning by integrated teams (health and social care) in community
- Innovative approaches for increased awareness and identification of people at risk of being undernourished by volunteers and carers
- The OPEN toolkit



What was delivered in 2017-18?

- The Dorset Malnutrition Programme was rolled out across the **six Dorset localities** with plans to extend to Poole and Bournemouth in 2018. This programme received Highly Commended at the prestigious HSJ Value Awards.
- Work with Southern Health NHS Foundation Trust: implementation of new nutrition screening and care planning procedure in one business unit. A parallel collaborative project between Southern Health, Bournemouth University, the University of Southampton and the AHSN, to identify barriers to nutritional screening and care planning in the community and solutions to embed new procedure. **Received Burdett Trust funding of £140K.**
- Collaboration with the Patients Association to further develop the Nutrition Checklist; to include signposting. Piloted use in different settings: domiciliary care; fire service and the voluntary sector
- Validation of Nutrition Checklist questions vs 'MUST' (nationally recommended tool for nutritional screening) in 300 luncheon club attendees
- Design of Nutrition Wheel (with Bournemouth University students) based on the adapted Patients Associate Nutrition Checklist. Feasibility work started in May 2018
- OPEN toolkit continues to be shared. New developments include two training videos. The nutrition checklist and Nutrition Wheel will also be included once validation and feasibility work completed.
- OPEN under-nutrition awareness leaflet has been adapted and adopted for use by the CCGs in Hampshire.



1,074

health and social care staff
trained by the programme

Awards and posters at events in 2017-18:

- Two posters at Patient Safety Congress. The OPEN toolkit poster = winner of Education and Training poster category
- 3 x abstract and posters at BAPEN national conference
- 3 x posters at BDA live
- Dorset Malnutrition Programme awarded Highly Commended at HSJ Value Awards (Improving value in the care of frail older adults category)
- Nutrition in Older People programme team awarded Highly Commended at the Complete Nutrition Awards 2018 Community Nutrition Professional of the Year category

What's next?

- The Nutrition in Older People Programme ended in March 2018, however, key ongoing elements will be included in the Healthy Ageing Programme (e.g. INSCCOPE; Nutrition Wheel; Nutrition Checklist)
- Nutrition in Older People programme team awarded Highly Commended at the Complete Nutrition Awards 2018 Community Nutrition Professional of the Year category



"The lady was so kind and helpful. It was an eye opener to see how low my weight had become. She really encouraged me back into eating properly."

Mrs A, Corfe Mullen

Reducing Harm from Alcohol: helping Wessex know its numbers



What was delivered in 2017-18?

- **5,400 NHS staff trained** to screen for alcohol in hospital inpatients using nationally validated methods throughout the time of the programme
- NHS staff from the Wessex acute trusts trained to screen for alcohol in hospital inpatients using national validated methods and materials developed by the programme
- **58,600 inpatients screened in Wessex by trusts** using the materials developed by the programme
- Educational materials distributed and used locally and nationally - to **18 acute trusts and 19 independent alcohol services**
- **Soberistas** - a safe, online space to help people lead a happier, healthier and alcohol-free life - research presented nationally and internationally, and published in high quality international journals. Soberistas now commissioned as part of addiction services run by non-statutory provider 'Change Grow, Live' (CGL). Within the first year, Soberistas had over **21,000 members and 48,699 members** (as of April 2018)
- Empowerment of **20 local alcohol champions** and peer group (clinicians and commissioners) via regular meetings and an annual programme conference
- **26,945 admitted to a stay in hospital via A&E (admission episodes) for liver disease across Wessex (2011-2015)** collated to produce a data pack to catalyse action to enable the development of services, reduce service use and improve outcomes for patients
- **643 admission episodes containing an alcohol code in Wessex examined** for alcohol screening and adherence to a patient referral pathway to access alcohol services



58,600
inpatients screened in
Wessex by trusts



5,400
inpatients screened to date
for alcohol use



48,699
members of Soberistas
by April 2018

What's next?

Although the programme comes to a close the campaign continues:

- Follow up audits have shown some improvement is possible through staff education, it is hoped that the national adoption of alcohol screening in acute trusts through CQUIN 9 will improve the position further.
- Continue to grow and flourish under the new name – the Wessex Alcohol Group, under the new umbrella organisation, the Wessex Cancer Alliance.



Medicines Optimisation (MO): helping people get the most from their medicines



What was delivered in 2017-18?

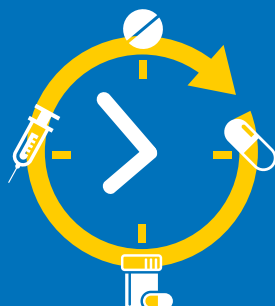
Our medicines programme continues to progress at pace. Some of our key achievements include:

Medication safety – PINCER:

- The PINCER medication safety tool rolled out to **208 GP practices** across Wessex; which is 87% of practices in the seven CCGs that took part in the project
- Initial analysis shows that of the 142 practices which shared their data; 492 patients' levels of risk were much better or better, 178 stayed the same and 433 got worse. These baseline results provide the focus for the coming year

Electronic Repeat Dispensing – eRD:

- This year saw a step change in the momentum to roll out eRD across Wessex
- All nine Wessex CCGs now have work in progress, or pilot sites up and running
- An overall increase in percentage of items prescribed as eRD **from 6%** (when the project was started) **to 8.89% in January 2018**. This is **1,305,134 extra eRD prescription items since March 2016**
- Moving to eRD could save practices up to **45 minutes of GP time per day**, based on a paper prescription taking 27 seconds to sign, and EPS prescription taking 13 seconds. eRD eliminates the time taken to sign, every month



Transfer of Care Around Medicines (TCAM):

- Dorset County Hospital's TCAM work has been operational since October 2016, and 475 referrals were made between February and 17 and March 2018. There have been **over 1,000 referrals since the start of the project**
- University Hospital Southampton went live with its service towards the end of 2017. **Over 80 pharmacists** attended the launch event. Initial outcomes for March 2018 are: 361 patients have been referred to their community pharmacist, and of the 326 that were contactable, **70% of their referrals have been completed**. This is a tremendous response rate
- The second Meet Mo animated video, which explains this service to patients so that they are aware of the support available to them on discharge from hospital, was developed and launched

Polypharmacy:

- **National launch of the polypharmacy prescribing comparators:** nationally-available data set developed by Wessex AHSN bringing together GPs, pharmacy specialists; and the NHS Business Services Authority (BSA), NHS Digital and the Royal Pharmaceutical Society (RPS)
- We led the successful development of the first national set of polypharmacy prescribing comparators in England, which resulted in an **innovative tool to help GP practices** to identify their patients at risk from problematic polypharmacy.

This is the first of its kind in England, and to date, there are **over 2,053 registered users** (covering ALL 209 CCGs in England) of the ePACT 2 platform that the comparators were launched upon

- Working with NHS England to help the national work around polypharmacy, and as part of this, we have been recognised as official custodians of the polypharmacy prescribing comparators
- Developed and launched the first **Meet Mo** animation aimed at helping patients to seek help when their medicines become unmanageable

Locally:

- Held the third polypharmacy workshop in December 2017 with over 80 delegates from all sectors
- All nine Wessex CCGs presented on how they use the polypharmacy comparative data to shape their programmes
- Full report available but a key theme is around supporting GPs and pharmacists to conduct high quality consultations with shared decision making at their heart



Meet Mo
animation developed
and launched

National recognition:

- Magnesium Sulfate medication safety work was shortlisted for the HSJ Patient Safety Awards
- Polypharmacy prescribing comparators were shortlisted for the HSJ Awards
- Self-administration of insulin toolkit was shortlisted in the Medicine Safety Category of the HSJ Patient Safety Awards 2017
- Shortlisted in the Long-term Conditions and Patient Safety categories of the Nursing Times Awards 2017
- Diabetes UK have signposted the Implementation Guide for self-management of insulin in hospital from their website (professional best practice resources)

PINCER 3:

- Two remaining CCGs have joined this medication safety project and roll out PINCER 3 (an enhanced set of medication error indicators) has started. This work focuses on making sustainable reductions in the level of medication risk that our patients are exposed to. This work is particularly high profile now as the World Health Organisation has set a Global Challenge to reduce medication error by 50%, the Secretary of State for Health and Social Care has highlighted the issue as a key challenge for the NHS

Electronic repeat dispensing:

- Continue to drive this work via the eRD steering group and have plans to support work in Dorset CCG



60k views of Mo videos:
wessexahsn.org.uk/Mo



What's next?

Transfer of Care Around Medicines (TCAM):

- Isle of Wight NHS Trust launched their new service in March 2018
- Hampshire Hospitals NHS Foundation Trust committed to establishing a referral pathway
- Portsmouth Hospitals NHS Trust developing a pathway. **This work is part of the Hampshire and Isle of Wight STP**

PINCER

- Ongoing support for all 9 CCGs to use PINCER to address medication safety issues. Enhanced PINCER training this summer will offer practice staff help with root cause analysis, QI methodology and sustaining change

Polypharmacy

- We are developing support for GPs and Pharmacists to address the barriers to stopping medicines that are no longer needed or may be causing harm
- We plan to roll out the "Me and my Medicines" campaign to support Patients to have more meaningful conversations with clinicians about the medicines they take



208

PINCER medication safety tool rolled out to 208 GP practices



45 minutes

Moving to eRD could save practices up to 45 minutes of GP time per day



Innovation

Created an innovative tool to help GP practices to identify their patients at risk from problematic polypharmacy



How we work with other AHSNs

These tables show where we have spread good practice to and where we have adopted good ideas from other AHSNs in England. All 15 AHSNs work closely to help share the good work happening in their areas across the whole of England, for patient and NHS benefit.

Workstream	Name of Innovation	Eastern AHSN	East Midlands AHSN	Greater Manchester AHSN	Health Innovation Network	Imperial College AHSN	Innovation Agency NWC	Kent Surrey Sussex AHSN
Alcohol	ARLD Big Data (CIS Data)							Spread to
Alcohol	ARLD Patient ID and Treatment				Spread to		Spread to	Spread to
Alcohol	Drink Informed						Spread to	Spread to
Alcohol	Know Your Numbers				Spread to		Spread to	Spread to
Alcohol	Tackling Alcohol Misuse in the NHS Setting Resource Pack						Spread to	
Alcohol	Training Film Pack						Spread to	
Atrial fibrillation	Starting Anticoagulation with Jack	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Dementia	iSPACE							Spread to
Genomics	100,000 Genomes Project	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Genomics	100k guide for cardiologists	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Genomics	Café Scientifique for 100k Genomes							
Industry and innovation	Attomarker Ltd							Spread to
Industry and innovation	BluPoint Ltd							Spread to
Industry and innovation	Braci							
Industry and innovation	Cairn Solutions Ltd							Spread to
Industry and innovation	Carena Healthcare							Spread to
Industry and innovation	Curamicus Ltd							Spread to
Industry and innovation	Medinvent (Episcissors-60)	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Industry and innovation	Fourth State Medicine Ltd							Spread to
Industry and innovation	Hip Impact Protection Ltd							Spread to
Industry and innovation	Hivewire		Spread to				Spread to	
Industry and innovation	LaserWrite							Spread to
Industry and innovation	Medcura Technologies Ltd							Spread to
Industry and innovation	MolMart Ltd.							Spread to
Industry and innovation	Morgan Innovation & Technology Ltd							Spread to
Industry and innovation	MSKnote Ltd							Spread to
Industry and innovation	myCOPD	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Industry and innovation	NEXA Medical Limited							Spread to
Industry and innovation	NquiringMinds							Spread to
Industry and innovation	Quvium UK Ltd							Spread to
Industry and innovation	Renovos							Spread to
Industry and innovation	Urolift	Spread to	Spread to	Spread to	Spread to	Spread to		Spread to
Industry and innovation	Veloscient							Spread to
Industry and innovation	Winchester Innovation Ltd							Spread to
Industry and innovation	xim Ltd							Spread to
Medicines optimisation	Magnesium Sulfate		Spread to				Spread to	
Medicines optimisation	Meet Mo				Spread to			
Medicines optimisation	Mo's medicines: from Hospital to Home	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Medicines optimisation	Taking Charge of your medicines with Mo	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Mental health	Serenity Integrated Mentoring	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Nutrition	OPEN Toolkit							
PSC	SafeR Practice Framework							



Workstream	Name of Innovation	North East & North Cumbria AHSN	Oxford AHSN	South West AHSN	UCL Partners AHSN	West Midlands AHSN	West of England AHSN	Yorks & Humber AHSN
Alcohol	ARLD Big Data (CIS Data)							
Alcohol	ARLD Patient ID and Treatment		Spread to	Spread to	Spread to			
Alcohol	Drink Informed		Spread to	Spread to	Spread to		Spread to	
Alcohol	Know Your Numbers		Spread to	Spread to	Spread to		Spread to	
Alcohol	Tackling Alcohol Misuse in the NHS Setting Resource Pack		Spread to	Spread to				
Alcohol	Training Film Pack		Spread to	Spread to				
Atrial Fibrillation	Starting Anticoagulation with Jack	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Dementia	iSPACE		Spread to					
Genomics	100,000 genomes project	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Genomics	100k guide for cardiologists	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Genomics	Café Scientifique for 100k genomes		Spread to					
Industry and Innovation	Attomarker Ltd			Spread to			Spread to	
Industry and Innovation	BluPoint Ltd			Spread to			Spread to	
Industry and Innovation	Braci						Spread to	
Industry and Innovation	Cairn Solutions Ltd			Spread to			Spread to	
Industry and Innovation	Carena Healthcare			Spread to			Spread to	
Industry and Innovation	Curamicus Ltd			Spread to			Spread to	
Industry and Innovation	Medinvent (Episcissors-60)	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Industry and Innovation	Fourth State Medicine Ltd			Spread to			Spread to	
Industry and Innovation	Hip Impact Protection Ltd			Spread to			Spread to	
Industry and Innovation	Hivewire							
Industry and Innovation	LaserWrite			Spread to			Spread to	
Industry and Innovation	Medcura Technologies Ltd			Spread to			Spread to	
Industry and Innovation	MolMart Ltd.			Spread to			Spread to	
Industry and Innovation	Morgan Innovation & Technology Ltd			Spread to			Spread to	
Industry and Innovation	MSKnote Ltd			Spread to			Spread to	
Industry and Innovation	myCOPD	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Industry and Innovation	NEXA Medical Limited			Spread to			Spread to	
Industry and Innovation	NquiringMinds			Spread to			Spread to	
Industry and Innovation	Quivium UK Ltd			Spread to			Spread to	
Industry and Innovation	Renovos			Spread to			Spread to	
Industry and Innovation	Urolift	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Industry and Innovation	Veloscient			Spread to			Spread to	
Industry and Innovation	Winchester Innovation Ltd			Spread to			Spread to	
Industry and Innovation	xim Ltd			Spread to			Spread to	
Medicines Optimisation	Magnesium Sulfate	Spread to						Spread to
Medicines Optimisation	Meet Mo			Spread to	Spread to		Spread to	
Medicines Optimisation	Mo's medicines: from Hospital to Home	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Medicines Optimisation	Taking Charge of your medicines with Mo	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to	Spread to
Mental Health	Serenity Integrated Mentoring	Spread to	Spread to		Spread to	Spread to	Spread to	Spread to
Nutrition	OPEN Toolkit					Spread to		
PSC	SafeR Practice Framework						Spread to	

How we work with other AHSNs

These tables show where we have spread good practice to and where we have adopted good ideas from other AHSNs in England. All 15 AHSNs work closely to help share the good work happening in their areas across the whole of England, for patient and NHS benefit.

Workstream	Name of Innovation	Eastern AHSN	East Midlands AHSN	Greater Manchester AHSN	Health Innovation Network	Imperial College AHSN	Innovation Agency NWC	Kent Surrey Sussex AHSN
Alcohol	Alcohol Commissioning Document				Adopted from			
Alcohol	Tackling Alcohol Misuse in the NHS Setting Resource Pack				Adopted from			
Alcohol	Training Film Pack				Adopted from			
Industry and Innovation	AdVault						Adopted from	
Industry and Innovation	Autism Somerset							
Industry and Innovation	Braci							
Industry and Innovation	Dexo		Adopted from					
Industry and Innovation	Diasolve Limited							
Industry and Innovation	Dr Boorer trading as Target Health Solutions							
Industry and Innovation	Easy Video							
Industry and Innovation	eSole Ltd							
Industry and Innovation	getUBetter							
Industry and Innovation	Heartfelt Technologies							
Industry and Innovation	Jupiter Diagnostics							Adopted from
Industry and Innovation	Kernow Health Solutions							
Industry and Innovation	MARsoftware Limited							
Industry and Innovation	Medical Networking Ltd							
Industry and Innovation	NIC	Adopted from						
Industry and Innovation	Open Bionics							
Industry and Innovation	Pneux	Adopted from						
Industry and Innovation	Rewired Health							
Industry and Innovation	The Bshirt							
Industry and Innovation	UltraMed							
Industry and Innovation	Urolift						Adopted from	
Mental Health	Physical Health Training to improve the care of people experiencing Severe Mental Illness (SMI)							
Nutrition	Hydration toolkit							Adopted from
PSC	ED checklist							
PSC	Emergency Laparotomy Collaborative (ELC)							Adopted from
PSC	Sepsis Cluster						Adopted from	
PSC	Yorkshire and Humber Foundation QI Course							

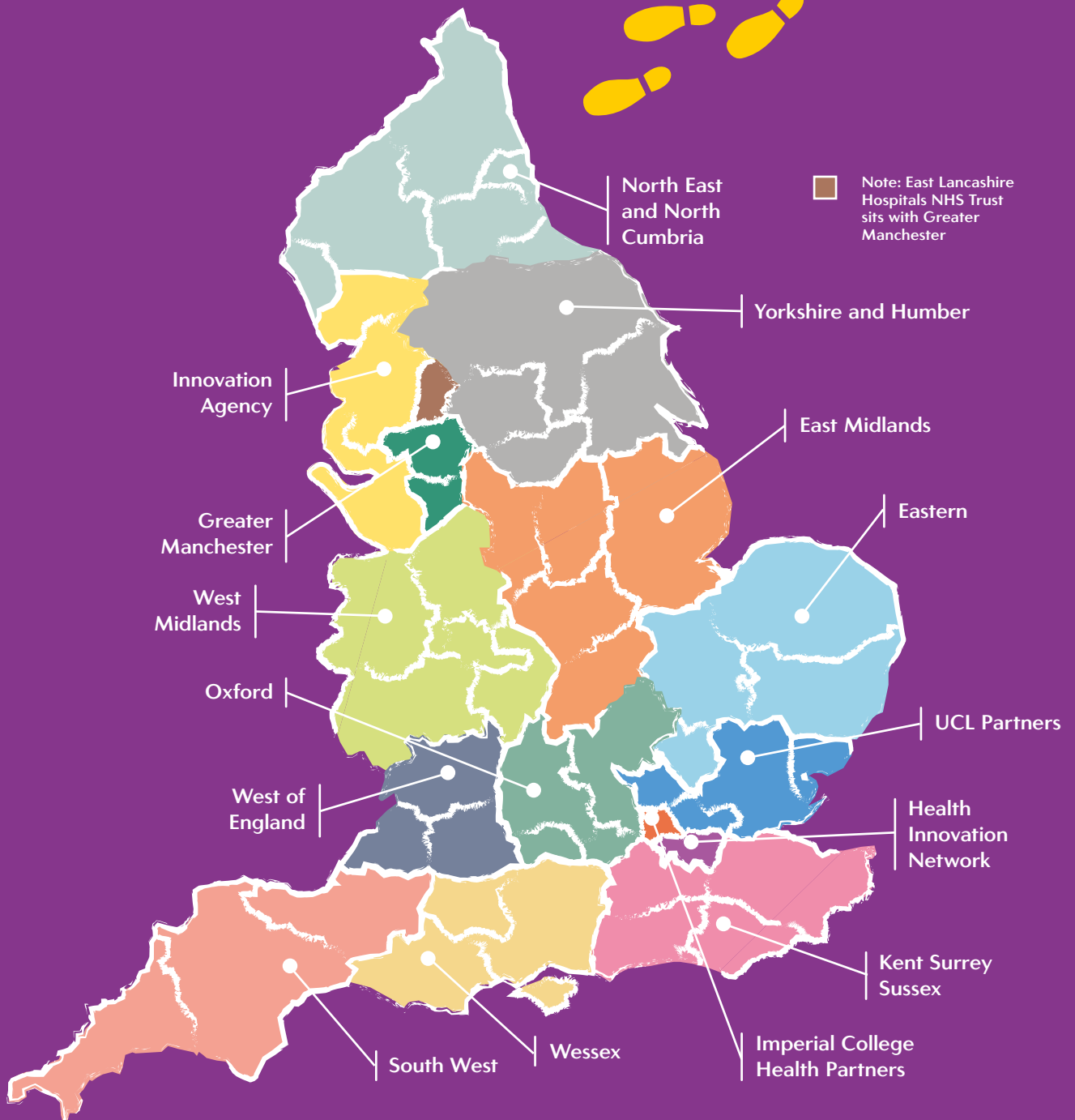




Workstream	Name of Innovation	North East & North Cumbria AHSN	Oxford AHSN	South West AHSN	UCL Partners AHSN	West Midlands AHSN	West of England AHSN	Yorks & Humber AHSN
Alcohol	Alcohol Commissioning Document							
Alcohol	Tackling Alcohol Misuse in the NHS Setting Resource Pack							
Alcohol	Training Film Pack							
Industry and Innovation	AdVault							
Industry and Innovation	Autism Somerset			Adopted from				
Industry and Innovation	Braci			Adopted from				
Industry and Innovation	Dexo							
Industry and Innovation	Diasolve Limited						Adopted from	
Industry and Innovation	Dr Boorer trading as Target Health Solutions						Adopted from	
Industry and Innovation	Easy Video					Adopted from		
Industry and Innovation	eSole Ltd			Adopted from				
Industry and Innovation	getUBetter						Adopted from	
Industry and Innovation	Heartfelt Technologies						Adopted from	
Industry and Innovation	Jupiter Diagnostics							
Industry and Innovation	Kernow Health Solutions			Adopted from				
Industry and Innovation	MARsoftware Limited			Adopted from				
Industry and Innovation	Medical Networking Ltd			Adopted from				
Industry and Innovation	NIC							
Industry and Innovation	Open Bionics			Adopted from				
Industry and Innovation	Pneux							
Industry and Innovation	Rewired Health						Adopted from	
Industry and Innovation	The Bshirt			Adopted from				
Industry and Innovation	UltraMed			Adopted from				
Industry and Innovation	Urolift							
Mental Health	Physical Health Training to improve the care of people experiencing Severe Mental Illness (SMI)							Adopted from
Nutrition	Hydration toolkit							
PSC	ED checklist						Adopted from	
PSC	Emergency Laparotomy Collaborative (ELC)							
PSC	Sepsis Cluster							
PSC	Yorkshire and Humber Foundation QI Course							Adopted from



The AHSN national footprint



Over 22 million

patients benefited from AHSN input

304,000

people have benefited from our national AF programme

Over 5.5 million

people have benefited from our Patient Safety Collaborative work

Almost 15 million

people have benefited from the NHS Innovation Accelerator



About the AHSNs



322 innovations have been introduced and spread through significant AHSN influence

AHSNs are flexible regional organisations.

We have a small staff base but use our extended networks across regions to achieve great impacts for our partners. Our impact rests in our ability to bring people, resources and organisations together quickly, delivering benefits that could not be achieved without these connections.

Each AHSN works within its own geographical area to develop projects and programmes which reflect the diversity of our local populations and healthcare challenges. However, we all share the following priorities:

Promoting economic growth: fostering opportunities for industry to work effectively with the NHS

Diffusing innovation: creating the right environment, and supporting collaboration across boundaries, to adopt and spread innovation at pace and scale

Improving patient safety: using our knowledge, expertise and networks to bring together patients, healthcare staff and partners to determine priorities and develop and implement solutions

Optimising medicine use: ensuring that medication is used to its maximum benefit – improving safety and making efficient use of NHS resources

Improving quality and reducing variation: by spreading best practice, we increase productivity and reduce variation, which should improve patient outcomes

Putting research into practice: our strong links with academia mean we are uniquely placed to support the translation of research into clinical practice

Collaborating on national programmes: our unified programmes focus on delivery of the SBRI Healthcare initiative supporting Small and Medium Enterprises enterprises, the NHS Innovation Accelerator, Patient Safety Collaboratives and medicines optimisation.

Our licence from NHS England sets our four broad objectives:

- Focus on the needs of patients and local populations
- Build a culture of partnership and collaboration
- Speed up adoption of innovation into practice to improve clinical outcomes and patient experience
- Create wealth through co-development, testing, evaluation and early adoption

More information about AHSNs can be found at ahsnnetwork.com. You can also see case studies of our work at: atlas.ahsnnetwork.com

The **AHSN** Network

wessexahsn.org.uk

