



Annual Report

2014-15



Wessex
Academic Health
Science Network

Improving health through innovation



Welcome

from our Chair and Chief Executive



We feel privileged to work with Wessex AHSN and proud of the difference being made for patients and for the economy in Wessex. We have pulled together some of the stories about our work in this report and we hope it helps you understand what we do and, most importantly, the impact the work is having.



The AHSN brings together universities, healthcare teams and clinical commissioning groups to improve health and get better health outcomes for people in Wessex – for example, our asthma programme; using medicines smarter; and helping people understand the risks of heavy drinking. Our project to reduce malnutrition in older people – helping to prevent hospital admissions – is an example of how we also work with local authorities and social care.

Creativity

is central to our approach; we want to help find new solutions to difficult problems, get those solutions adopted, then spread efficiently - for example, our work to help GP surgeries to be dementia friendly, so that people have a better experience of care.

Good health

is vital for the economy but it's also true that economic growth is good for health and care. So we are pleased to be working with industry and with Local Enterprise Partnerships to secure investment in Wessex through the Life Science Cluster programmes. Supporting the success of the orthopaedic programme is a good example of innovation and investment bringing health and economic gains to our region.

We created an investment fund to support small businesses in our region where their work aligns with our clinical priorities. In return for a stake in the business, we invest funds and work directly with leadership teams to accelerate technology and support the adoption of new ideas and connections.

We look forward to working with our organisations and other health, social care, industry and voluntary sector partners in the year ahead to build on the achievements set out here.

Fiona Driscoll *Chair*

Martin Stephens *Chief Executive*



Driving forward the **best** in healthcare for the region

This year we have helped thousands of patients get better, quicker treatment. We have invested £3 million and worked alongside hundreds of clinicians and industry partners in our drive to improve the health of patients and grow the economy in the Wessex region.

Working with partners

We share best practice and enable early adoption of innovations. We have worked with partners in the NHS, private healthcare, small companies, large industry and academic bodies to bring real benefits to people in the Wessex region needing healthcare.

Our Quality team launched the MISSION concept to help patients with respiratory disease get better, quicker treatment. In our pilot scheme, Emergency department attendances were halved.

"We are now working to make this a sustainable and large scale change across the region, with NICE (National Institute for Clinical Excellence) showing interest in using the project to develop its national guidelines." *Keith Lincoln, Director of Quality & Improvement*

Spotting innovations

We have brought together our knowledge and skill to link all parts of the health system in delivering the successful launch of the Bournemouth University Orthopaedic Research Institute. With over 1,000 patients taking part in clinical trials already, patients will soon benefit directly from the translation of research into better practice in the treatment of joint failure.

Growing the economy

A strong NHS and social care system needs a strong economy. One of the AHSN's goals is to help the health sector to contribute to that strong economy, as well as to support the generation of funds to plough back into health services. We have committed 10,000 hours of business engagement with a wide variety of businesses in the last 12 months.

"Wessex AHSN has kickstarted the exciting development of the Wessex Life Science Cluster, which will directly benefit the regional and UK economy. Work to build a new Science Park at Porton Down has already begun, with the creation of 2,000 jobs forecast and an injection of over £100 million into the area." *Andy Burroughs, Director of Wealth & Enterprise*



Investing in better health

Wessex AHSN makes funds available to spot best practice in healthcare and to drive the adoption and spread of innovation across all areas of healthcare provision.

“By investing in the dementia-friendly GP practice programme initially, the idea has taken off and is now on track to help 5,000 patients in its next phase.” *Dave Meehan, Director of Partnerships*

People with dementia and their carers are reporting how much they appreciate the new dementia-friendly surgeries. Using the new personalised care plans, clinicians at all levels will be able to help patients retain their independence for longer.

Using our broad vision

In our role as system integrators, we are creating synergy between researchers in universities, industry and entrepreneurs and the local NHS to make an impact nationally and internationally. We played a pivotal role in winning the bid to become one of the 11 national genomics centres to take forward the Government’s 100,000 Genome initiative. Building on this capacity to offer genomic testing, we will tender to become a Genomics Central Laboratory Hub later this year.

Wessex

- Population of three million
- 10 Clinical Commissioning Groups
- Nine local authorities
- 11 NHS Trusts
- Five Universities
- 10 per cent of workforce employed in health economy
- 250 companies: medtech, medbiotech, industrial biotech, pharma - employing 9,000, turning over £2.5 billion

Respiratory

Respiratory diseases are common and are a major draw on healthcare services in Wessex. There are over

147,000

diagnosed patients with asthma

and over

37,000

diagnosed patients with COPD (Chronic Obstructive Pulmonary Disease)

The type and level of health and care services these patients receive often depends on their home postcode rather than being 'best care'.

Wessex AHSN's respiratory quality improvement programme is well underway with identifying these variations and developing effective solutions.

"We are working with patient and carer communities to shape care pathways that deliver sustainable services and world-class clinical safety and patient benefit." *Professor Anoop Chauhan, Director of Research and Innovation, Portsmouth Hospitals NHS Trust*

The programme has created a fertile environment for industry to work with us in clinical service delivery in its first year. It has been shortlisted in the Value and Improvement in Clinical Support Services category of the Health Service Journal Value in Healthcare Awards. The programme will also feature at the European

Respiratory Society Congress in September 2015.

Almost 2,000 patients have received a respiratory review, education and self-management plans. The outcomes of this project are now being evaluated with a cost-impact analysis comparing admissions between participating and non-participating practices.



"The programme's successes involve improving healthcare interventions not just for individuals, but changing the experiences and outcomes for entire populations. Projects are involving all health economies across the Wessex region: in primary, community and secondary care in the NHS education; private industry; and voluntary sectors."



Dr Andy Whittamore, Clinical Director, Wessex AHSN Respiratory Programme



Partners involved

- Wessex AHSN members
- NHS England (Wessex)
- Health Education Wessex
- Wessex Public Health teams
- Primary care
- Respiratory Biomedical Research Unit
- Social services
- Public and Patient Groups
- The Voluntary & Community Sector (British Lung Foundation, Asthma UK)
- Industry and Community Pharmacists



//

"I was impressed with the Rapid Access Asthma Clinic. The variety of experts seen in the time allotted and the speed of the whole operation was excellent. If only other NHS clinics ran like this."

MISSION clinic user

"Sitting at home and reading through all the various notes that had been written, the information in the asthma guide, and the new prescriptions which would better help me with my asthma, I actually feel I am now in complete control of my condition – it no longer worries me."

MISSION clinic user

//

MISSION Severe Asthma

The number of cases of asthma are higher than average in our region; it is underdiagnosed and the consequences for patients can be worse than in other areas of the country. Patients with uncontrolled asthma experience reduced quality of life and need a lot of care. Out of over 147,000 diagnosed asthma patients, nearly 3,000 were admitted to hospital in 2011/12.

"MISSION - Severe Asthma is an innovative way to proactively identify patients with poorly controlled, and potentially severe, asthma from GP registers. Rapid Access Asthma Clinics mean that patients are assessed swiftly and then rapidly referred for in-hospital evaluation by a specialist multi-disciplinary team at Severe Asthma Assessment Clinics. The condition is being recognised much faster, so reducing health costs and making the process much better for patients." *Rachel Dominey, Senior Project Manager, Respiratory Programme*

Four GP practices in four Clinical Commissioning Groups were identified to participate in the pilot scheme. Over 1,500 patient notes were reviewed and 150 patients with severe asthma screened, showing a reduction of:

24% in oral steroid courses

25% in non routine GP appointments for asthma

50% in attendances in Emergency Department

All patients rated the experience as good or excellent. None required hospital admission during the period of the pilot.

Wessex AHSN funded the pilot and provided project management and communications expertise that engaged with the multi-disciplinary team delivering the project. Additional resource was also secured from Novartis.

MISSION Severe Asthma

Modern Innovative SolutionS to Improve Outcomes iN
- Severe Asthma has been shortlisted in the *Value and Improvement in Acute Service Redesign* category of the Health Service Journal Value in Healthcare Awards.

We have supported the creation of the MISSION concept and its success has been recognised by the Health Foundation which has awarded full funding to pilot this for patients with COPD.

Patient Safety Collaborative

Launched in June 2014, the Patient Safety Collaboratives (PSC) are part of NHS England's response to Professor Don Berwick's report, following the failings at Mid Staffordshire NHS Trust. The 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."**

Each of the 15 AHSNs leads a PSC dedicated to tackling the leading causes of avoidable harm to patients. Wessex PSC was launched in November 2014 in consultation with a wide range of regional stakeholders from health, social, judicial and wider public sectors. A joint decision was taken on the regional priorities of sepsis and transfers of care.

Each year in the UK, it is estimated that

100,000

**people are admitted to hospital with sepsis
– or blood poisoning – and around**

37,000

die as a result.

When patients transfer within or between healthcare providers, they can find themselves at risk from medication error or simple communication breakdown.

Our commitment is to help organisations deliver the safest care possible in these areas by creating a structure to share practices and learn from each other and recognised experts. A regular series of learning events will provide forums for improvement teams from across Wessex. In May, the first of these brought together 110 people from 24 teams around the region.

"At the heart of our work is the patient. Having patient representatives with us on this journey provides invaluable input and is key to our ethos of co-design and co-production. Participating teams learned about quality improvement and the need to measure for improvement. We were also able to bring together senior executives and managers from participating organisations to debate the leadership practices we need to employ to help ensure the PSC's success." *Tracy Broom, Associate Director, Patient Safety Collaborative*

"This was a wonderful opportunity for me to be part of the AHSN team and to connect directly with the delegates. The enthusiasm of the teams and the fact that they actively sought my views on their projects gave me a real buzz and has made me very keen to be part of future Learning Events." *Georgette Houlbrook, patient delegate*

In between events, teams are empowered, with senior management buy-in, to test improvements in their home environments and across organisations and sectors. Sharing learning, as well as measuring for improvement, will foster development.

The PSC is closely tied to and supports the national Sign up to Safety campaign with both working towards delivering the national vision of reducing avoidable harm by 50 per cent and saving 6,000 lives by 2019.



"The event has provided the spark to re-energise the team to start the improvement journey."

*Mandy Rayani, Chief Nurse,
Solent NHS Trust*



Medicines optimisation

Medicines are the most common health intervention and the NHS in England spends over

£15 billion

per year on them each year.

We know that up to 50 per cent of medicines are not taken as they should be and, as people increasingly have multiple illnesses and are living longer, associated complications are increasing.

Wessex AHSN's Medicines Optimisation Programme aims to help patients gain maximum benefit from their medicines and reduce waste.

"Getting the basics right is key. One example of this is supporting CCG's and GPs to implement systems such as repeat dispensing and audits to identify at risk patients and improve safety. We are working to demonstrate the effectiveness of these systems so that health professionals use them routinely to help improve patient outcomes." *Vicki Rowse, Project Manager, Medicines Optimisation Programme*

When people transfer between hospital or care settings, between 30 and 70 per cent experience an error or unintentional change to their medicines. An innovative scheme in the Isle of Wight has introduced a pharmacist in the support of elderly people leaving hospital. Out of 200 people, there was a direct saving of 300 hospital admissions worth over £500,000.

"We funded the evaluation of this successful scheme and, building on our knowledge of the issue, are now taking the model forward to benefit a wider group of patients in Dorchester this summer." *Vicki Rowse*

Using magnesium to treat eclampsia is common practice but is known to be inherently risky. By using

our breadth of vision across boundaries and specialties, we have provided advice to ensure that magnesium can be administered safely, so protecting pregnant women and their unborn babies at a critical stage in development. This has big implications and NHS England's Safety Team has demonstrated interest in rolling this out nationally.

Wessex is providing leadership on medicines optimisation for the AHSN Network, helping to share practice that works across AHSNs and contributing to the national work to help get the best from medicines.

Partners involved

- AHSN members
- Swindon and Wiltshire, and Hampshire and Isle of Wight Local Pharmaceutical Committees
- ABPI
- South Central Ambulance Service
- Oxford and West of England AHSN's
- Patient representatives
- The Chief Pharmacists Network
- The Wessex SCNs

Wessex

Life Science Cluster

The United Kingdom is a global leader in the life science industry, with more than

4,000

companies

employing around

160,000

people

and with over

£50 billion

total annual turnover

The Wessex region has over 200 research-active companies, leading universities, institutions and a strong NHS research and development community. But, with no overarching identity for this vibrant community, the region was not making best use of its resources.

Wessex AHSN was commissioned by the Swindon & Wiltshire Local Enterprise Partnership to perform a Health Life Science review in late 2014. We concluded that an interactive community, able to create an umbrella brand for promoting regional excellence in the life sciences, would create the right environment

for scientists and business to work together more effectively. With funding from the Wessex AHSN and Wiltshire Council, the Wessex Life Science Cluster was formally launched in March 2015.

"The Wessex Life Science Cluster will drive the UK economy and regional growth in the life sciences sector, complementing the established Clusters of Oxford, Cambridge and London. Our world class Universities, research institutes and health system complement corporate strengths. Research institutes and Universities provide ideas and employees, while the NHS provides a market and testing ground for innovation and talent."
Lizzie Kennedy, Senior Project Manager, Life Sciences Programme

By 2020 the WLSC will have supported the creation of over 2,000 jobs and attracted over £100 million of new investment. The community of companies, predominantly SMEs, will have acquired a mechanism for dialogue with the NHS, each other and major research partners in the corporate and public sectors.

"A website, twitter feed and a newsletter have been launched as communications tools and a series of events is planned for the coming year. Already SMEs have taken advantage of the Cluster to seek advice in areas as diverse as NHS access, attracting investment and gaining access to Asian markets." *Lizzie Kennedy*

Preparation has already begun on the Science Park site at Porton, with Phase 1 of construction due for completion Summer 2016.



Partners involved

- Local NHS organisations
- Defence Science and Technology Laboratory
- Public Health England (Porton Down)
- Universities (led by Southampton, Portsmouth and Bournemouth)



"Delighted to see Wessex self-organising into a regional life science cluster ... the BIA looks forward to supporting your development and working with you."

*Steve Bates, Chief Executive
BioIndustry Association*

"The Wessex Life Science Cluster is long overdue. It provides a unifying force for the many life science talents in my constituency and the wider Wessex geography."

*John Glen,
MP for Salisbury*



Creating

the Bournemouth University Orthopaedic Research Institute

The UK currently spends some

£10 billion

on musculoskeletal disease

The numbers of hip and knee replacements
have increased by over

300%

in the last 10 years. More than one third of procedures are now being carried out in patients below the age of 65, meaning that the procedure may need to be carried out more than once. Complications can occur and can be costly. If the lowest infection rates could be achieved throughout the NHS, it could save between £200 – £300 million. This would allow an extra 40,000 – 60,000 joint replacements to be undertaken annually at no extra cost.

The Wessex region is home to a high number of older people. The highest concentration of over 90s in the UK live in Dorset and over 2,000 joint replacements are undertaken here each year. With so many patients available to volunteer for leading-edge clinical trials, Wessex AHSN's funding and support has been central to establishing the Bournemouth University Orthopaedic Research Institute (BUORI).

"The BUORI is facilitating local hospitals and universities to accelerate set-up and recruitment to clinical trials via both public and private sectors. Trials now include over 1,000 patients. We have also collaborated to enable the development of a virtual reality 3D hip replacement simulator for surgical training, supported by the Wessex AHSN Accelerator Fund." *Lizzie Kennedy, Senior Project Manager, Orthopaedics Programme*



Wessex AHSN has made the BUORI possible through accelerator fund investment and the generation of over £4 million in revenue from clinical trials. Added to this, we secured the support of Dorset NHS, leisure and local authority organisations, as well as collaboration with industry and universities. The Institute offers a unique innovation test-bed for UK and international organisations in the orthopaedic, health and fitness sectors. Two of the world's largest orthopaedic companies, Biomet and Zimmer, are already involved in key projects.

Wessex AHSN, working with the BUORI, has also been able to support regional business Firstkind Ltd to gain approval from the US Food and Drug Administration for its GEKO device. The GEKO increases blood circulation which can bring about significant improvements in a range of musculoskeletal conditions.

The Wessex Genomics Medicine Centre

If we understand how our genetic code pre-disposes us to different health problems, this knowledge could be used in the future to prevent and cure disease more effectively. The Government launched the world-leading 100,000 Genomes Project in 2012 to focus on patients with a rare disease and their families and patients with cancer. It will involve collecting and decoding 100,000 complete sets of people's genes to build greater understanding.

Wessex AHSN supported and helped co-ordinate and fund the Wessex Genomics bid, led by the University of Southampton, University Hospital Southampton NHS Foundation Trust and Salisbury NHS Foundation Trust. It has been successful in becoming one of the 11 Genomics Medicines Centres in the country.

"Our role in this successful bid was to co-ordinate the clinical providers and universities and bring these diverse partners together to build a compelling case. The Wessex Genomics Centre will secure the future for these organisations and benefit patients in Wessex in years to come."

Bronwen Vearncombe, Assistant Director, Wealth & Enterprise

With agreement, samples of tissue from tumours and blood tests will be collected from patients receiving treatment at hospitals around the Wessex region. The samples will be sent securely to a centre run by

gene sequencing specialists Illumina, which has been procured by Genomics England to sequence the whole genome and analyse it. The results will then be sent back to the Wessex Centre to help clinicians make diagnostic and treatment decisions.

"This project has the potential to transform the future of healthcare and we are delighted many patients from across the south can be involved and will benefit from it. It will improve the prediction and prevention of disease, enable new and more precise diagnostic tests and allow personalisation of drugs and other treatments to specific genetic variants."

*Professor Karen Temple,
Clinical Geneticist, UHS;
Co-lead, Wessex NHS GMC*

"The AHSN has truly made a difference to what we're trying to achieve, firstly by benefiting the patients within our local hospitals through research, and with helping us to gain financial support and access to funding avenues that we would not have been aware of."

*Tom Wainwright, Clinical Researcher,
Bournemouth University Orthopaedic Institute*

**DRIVING BETTER HEALTH
THROUGH PARTNERING**



Dementia care

Over 41,000

people in Wessex have dementia and numbers are predicted to double by 2050.

It is the biggest health issue we face and rates are higher than England's average within Dorset and the Isle of Wight because of ageing populations.

Stigma and lack of understanding often prevents early support for patients and families. We worked with Dr Nicola Decker, a GP in north Hampshire, to fund the pilot of the iSPACE model to develop her own GP surgery into a more dementia friendly environment, aiming to help maintain independence through better care.

- i Identify** - a dementia champion
- S Staff** - who are skilled and have time to care
- P Partnership** - working with carers, family and friends
- A Assessment** - and early identification of dementia
- C Care plans** - which are person centred
- E Environments** - that are dementia friendly

iSPACE is an innovative model designed to improve 'the patient journey' through delivery of a bundle of improvements in care planning, communications and awareness of dementia issues amongst staff.

DRIVING BETTER HEALTH THROUGH PARTNERING



"All people with dementia at the surgery now have a personalised care plan, including end-of-life decisions. Carers receive an information pack, registration as a carer and inclusion in all communication (with patient consent). The results are that patients and carers feel more supported and valued the additional input from the whole primary care team. We introduced a This is Me care sheet and trained staff to understand dementia more effectively by using the iSPACE model." *Katherine Barbour, Senior Project Manager, Dementia Programme*

The Centre for Implementation Science evaluated the initiative over six months in two case-study practices within Wessex. Interviews with patients, carers and staff identified improvements in patient and carer experience, clinical consultations and care planning.

Staff delivering the initiative demonstrated strong commitment to implementing and sustaining the iSPACE initiative. Adaptions to iSPACE include: dementia friendly colour uniforms and training tailored to specific staff groups.



"The staff have a good understanding of dementia."

*Patient in Tower House
Surgery Isle of Wight*

"We feel listened to."

"As carers we feel included and valued."

*Carers in Oakley and
Overton surgery
North Hants*



Partners involved

- Wessex AHSN members
- Alzheimer's Society
- Dementia UK
- Bournemouth University Dementia Institute
- Centre for Implementation Science
- Strategic Clinical Network
- Carers in Southampton
- Carers Together
- Local authorities

"The collection and analysis of local data alongside nationally agreed measures provided a useful assessment of the impact of this initiative. By providing the evidence for the health sector in Wessex, we are making it possible to pinpoint where we can best make improvements and have the greatest impact." *Caroline Powell, Director, Centre for Implementation Science*

We increased the rate of dementia diagnosis by more than

15%

in the pilot surgery,

improved care planning and provided valuable information to carers, for example regarding resuscitation status and power of attorney. There are now 13 GP surgeries in the region designated as dementia friendly and our target for next March is to boost this number to 40 surgeries covering 5,000 patients.

We are supporting the spread of good practice in acute hospitals, making it possible for people to recover faster and spend less time in hospital. We could save well over £6 million in the region by helping people with dementia spend seven days less in hospital each year.

Patients and Carers

"There have been improvements in the approach by staff and they have been more understanding. It is a relief to be able to make an appointment and know it will be with the same doctor and I don't have to negotiate this. The response to me when I ring [as a carer] has improved and I feel listened to."

"If mum comes to the surgery on her own and I send a note I have always received some feedback from the health professional she has seen."

Staff

"It provides structure in making primary care practices dementia friendly."

"Simple, low-cost things can make a big difference for patients and carers, such as colours and signs."



"This is a relatively inexpensive bundle of actions that makes a big difference to patients and their carers in managing what can be one of the most soul destroying illnesses we encounter."

*Dr Michele Legg,
GP and Wessex
AHSN Clinical Lead*





Mental health

1 in 4

**people will experience a mental health problem
at some point in their life.**

The cost to the economy is estimated to be

£105 billion.

There is a national ambition for mental health to be treated in the same way as physical health, with reduced waiting times and clear treatment standards.

In Wessex, there are nearly

16,000

people with psychosis - or severe mental illness.

Modelling undertaken by the London School of Economics (2014), found that the longer psychosis goes untreated, the worse the prognosis can be. Investment in early intervention is critical. The likelihood of an individual receiving compulsory treatment is reduced from 44 per cent to 23 per cent during the first two months of psychosis - and a young person's risk of suicide is cut from 15 per cent to just one per cent.

People are also more likely to remain in employment, when compared to traditional care.

Wessex AHSN, in partnership with other stakeholders, has developed a psychosis pathway to make early access to treatment quicker and more reliable. Development of the pathway has been achieved by extensive engagement with clinicians, service users and their carers. We have been applying the successful principles of redesign in physical health pathways, such as cancer, stroke and cardiac.

The finalised pathway, launched in June 2015, will be piloted in 2015/16 within four teams focusing on early intervention in psychosis, covering a population of 1.3 million in Southern Health NHS Foundation Trust. By linking with Imperial College Health Partners and Oxford AHSN, we have successfully shared ideas, best practice and resources.

"Anyone with symptoms of psychosis will now get much earlier care. If we can refer people early to the right services, we can reduce the impact on their lives and on health services, by avoiding hospital admission and making it more likely they can stay in the workplace. In some cases, we may be able to reduce the need for long term dependency on health care services."

Alison Griffiths, Project Manager, Mental Health Programme



"What's really exciting is the commitment to listen to the people that use our services and use that to inform the way we're going to design the psychosis pathway".

*John Rose, Service User
Involvement Manager, Southern
Health Foundation Trust*

"The introduction of the standards for access to early intervention psychosis services from next year will start to bring better care across the country. I am delighted to attend this event to hear how local partnerships, experts by experience, clinical champions and Wessex AHSN are developing this new psychosis pathway."

*Dr Geraldine Strathdee, National
Clinical Director for Mental Health*

"This work has the potential to make a real difference to the lives of people experiencing some of the most debilitating mental health problems in Wessex. The pioneers of the Wessex psychosis pathway want to learn from the best. They have seen the fantastic outcomes generated by pathways in stroke and cardiac care, and they want the same for mental health. This work sets a shining example of innovation and good practice across the rest of the country."

*MP and former
Care Minister
Norman Lamb*



Partners involved

- Wessex AHSN members
- Service users
- Carers
- Southern Health Foundation Trust
- Solent NHS Trust
- Dorset Healthcare University Foundation Trust
- Isle of Wight NHS Trust
- Public Health
- Healthwatch
- Solent MIND
- Local Authorities



DRIVING BETTER HEALTH
THROUGH PARTNERING

Nutrition

Partners involved

- AHSN members
- Local authorities including public health
- Primary care
- Voluntary sector: One Community Eastleigh, Age Concern Hampshire, Help and Care (Dorset)
- National Institute for Health Research Southampton Biomedical Research Centre

3million +

people across the UK are either malnourished or at risk of malnourishment.

1 million +

of these are over the age of 65 and the vast majority of people are living in the community.

Malnutrition is a major cause and consequence of poor health. Older people are particularly vulnerable, because of both social issues - such as loneliness and immobility - and other medical problems.

Conservative estimates indicate that the health and social care costs of malnutrition in Wessex is at least

£520 million.

Local experts consider that up to five per cent of these costs could be saved by the implementation of NICE guidelines and through raised awareness.

Within the region there are some of the UK's leading nutritional experts, giving Wessex AHSN the capacity and capability to become national leaders in improving nutritional care. Not only is there a higher than average number of older people in our region, but we also have nationally recognised expertise on our doorstep. The National Institute for Health Research Southampton Biomedical Research Centre are leaders in nutrition research and care – and key partners in our nutrition programme.

“Nutritional care is generally not specifically commissioned or monitored because it is considered part of general care and good practice. But this often means that it falls into the gaps and becomes nobody’s responsibility – even though it is everybody’s problem. By working collaboratively across health, social care and the voluntary sector, we are building the necessary infrastructure to share nutritional information and care plans to provide the guidance so urgently needed in this area. By focusing on the issue of malnutrition, we aim to make rapid changes for the better for older people in our region.” *Kathy Wallis, Senior Project Manager, Nutrition Programme*

In 2014, Dorset’s Purbeck region was selected by the Malnutrition Task Force to be one of its five pilot areas. Wessex AHSN provided funding and supported the activity, which established a new nutritional care pathway, training 120 health and social care professionals. To date 189 people have been screened and 57 people identified at risk and started on a nutritional care plan.



“We also held internet shopping training sessions for older people, covering how to open an account, create a regular shopping list, book a delivery slot and pay securely.”



Sue Hawkins, Care Catering Services Manager, Dorset County Council

We have also engaged with local partners in the launch of Older People’s Essential Nutrition (OPEN) in the Eastleigh area. This work has included agreeing nutritional care pathways for use by all care professionals in this area, as well as delivering training and working with the voluntary sector to develop approaches for raising awareness amongst older people and their carers of the risks of poor diet.

Wessex AHSN is now developing a toolkit for health, social care and voluntary sector teams around the region, reducing the duplication of work and creating a best practice approach to tackling malnutrition. By applying a robust evaluation framework, we hope to demonstrate the effectiveness of this care pathway. Other AHSNs are also seeking out our expertise in tackling the issue in their own regions.

Reducing harm from alcohol



Nationally, alcohol is the leading cause of death in men between the ages of 16–54 years and the second highest risk factor for disease.

70–80%

of attendance in hospital Emergency Departments are due to the effects of alcohol.

In Wessex there are higher than average numbers of high risk drinkers, with parts of the region having twice the national average death rate from alcohol related disease.

We've been working with hospital staff to improve their effectiveness in identifying and managing alcohol dependent patients.

"At University Hospital Southampton, we've measured significant improvement in hospital staff's knowledge and ability to recognise and refer these patients. This is a huge first step - we had reached 900 staff by early 2015 and we're aiming to raise that to 4,000 staff by March 2016. Identifying and intervening with patients where alcohol is the underlying cause of ill health is key to reducing harm and we can do so much more to help them. Our Know Your Numbers project resources are making an impact in getting to grips with this complex problem early on." *Cathy Rule, Project Manager, Reducing Harm From Alcohol Programme*

In Portsmouth, we have been working with nurse specialists to create visually-based teaching materials. A series of 3D models of the liver, demonstrating the effects of excess alcohol, has made a strong impact on patients of the very real risks to health of heavy drinking.

We are working with stakeholders to develop the Wessex pathway for increasing and higher risk drinkers. This will give us the opportunity to treat an extra 500,000 people each year and help them to reduce their total alcohol consumption.

Underpinning this programme the Centre for Implementation Science has developed a database of indicators which identify how areas are performing and tracks changes over time. The next step is to consult with commissioners and service providers to provide an easy to use tool to inform decision making.

Partners involved

- Public Health England (Wessex)
- Local authorities
- Acute Trusts (Southampton, Portsmouth, Hampshire Hospitals, Poole, Bournemouth and Salisbury)
- Hampshire Local Pharmaceutical Committee
- Action on Addiction
- Wessex Alcohol Research Collaborative Lay Expert Panel
- NE Hampshire CCG
- Lundbeck

Improving

clinical effectiveness, seeking efficiencies

In fulfilling Wessex AHSN's objectives to drive better health through partnering and innovation, the Centre for Implementation Science (CIS) provides the network's checks and balances by evaluating the results of the AHSN's work.

Early diagnosis and quick treatment of people with potential or early cancers aims to prevent people from dying prematurely. Endoscopy services - internal examination to diagnose bowel conditions - across the Wessex region are going to experience a surge in demand over the next five years. This is due to an ageing population and greater demand on services because of better screening.

A project has been developed by the AHSN's Centre for implementation Science in partnership with the Cancer Clinical Network, involving all the service providers and commissioners throughout Wessex.

We wanted to reduce the number of bowel cancer patients who present as emergencies. To do this, we used skills from across a number of academic disciplines - population demography, geographic mapping, mathematical modelling and management science - to study the implementation of a new screening programme and provide evidence for planning services. The results - by hospital and commissioning area - enable us to assess the state of the region's ability to deliver on the next challenges in bowel screening.

The Wessex Cancer Strategic Clinical Network provides the governance function and project monitoring. The analysis of data and simulation of service patterns are being delivered by the AHSN and the CIS based at the University of Southampton, and it is being monitored and project managed by the Wessex Strategic Clinical Networks and Clinical Senate.



"Meeting the demand for endoscopy, which is key to the early diagnosis of cancer, is an increasing challenge. This is a unique project to establish the capacity in a region and develop an accurate modelling tool. This has the potential to allow planning and prediction of future capacity and model the most efficient ways for commissioners, providers and clinicians to work together in delivering efficient high volume and high quality endoscopy services."

*Tom Cecil,
Clinical Lead*





Accelerator Funds - getting projects off the ground

New ideas need support and we help by investing money where we think these new ideas will bring benefit to the local economy or directly to patients. The Innovation and Wealth Creation Accelerator Fund is able to offer resources to health staff who have great ideas which they cannot bring to fruition within their day jobs.

Atrial fibrillation is a common condition and is associated with a five-fold increase in stroke. Bed days for patients with a primary or secondary diagnosis of atrial fibrillation cost the NHS

£1.9 billion

It has been clearly established that formal anticoagulation through use of Novel Oral Anti-Coagulants (NOACs) is the best means of stroke prevention, reducing the risk of first stroke by 68 per cent. Working with a stroke consultant and prescribing experts, Wessex AHSN is progressing a project to roll out the use of NOACs to primary care services in the region.

Data from the first 12 months demonstrates a

140%

increase in NOAC prescribing in the Wessex region.

"With specialist hospital based blood services and the arrival of (a NOAC prescribed by my GP) all my DVTs and brain bleeds have disappeared."

Stroke patient

Some of the best ideas are the simplest and our Telehealth project is one of these. Patients who had been treated for heart failure in hospital, were given access to a new initiative which has already shown great results. Cardiac nurses at Hampshire Hospitals Foundation Trust are now using simple phone-based technology developed by Message Dynamics to follow up heart failure patients post discharge from clinic. The Interactive Voice Response System (IVRS), means patients receive a series of regular, planned phone calls set by the clinician. Out of 49 patients participating, 700 calls were made, 75 alerts triggered and six hospital admissions avoided.

Patients reported that they felt more positive and confident about their post-hospital care. West Hampshire

CCG led the initiative and now aims to work with diabetes and respiratory services for 2015/16 to introduce the technology.

"We start by networking – talking to our members around the region to elicit best practice and new ideas where we could add value. One good example is the successful development of improvements in diagnosing headaches, speeding up referral and treatment, reducing care pathway costs and introducing direct access to imaging." Dave Meehan, Director of Partnerships

Working with West Hampshire Clinical Commissioning Group, we made funds available to trial a new single care pathway - HEADMAT - for patients suffering with headache at four practices. From the outset, the pathway and decision making tool helped GPs make the right diagnosis and referral first time and then provided the appropriate post diagnosis support. Plans are in place to further evaluate, develop and spread HEADMAT to at least 19 practices including the integration of the decision making tool into GP practice systems.

"HEADMAT™ is a smart software toolkit designed to support GPs diagnose and manage common headaches in primary care. This is a

SBRI

SBRI (Small Business Research Initiative) Healthcare, an NHS England funded initiative to develop innovative products that address unmet health needs is being driven nationally by AHSNs. Aimed at SMEs and early stage businesses it runs funding competitions that offer a fast track to funding for product development matched to needs specified by the NHS itself.

cutting edge innovation which aims to improve patient and GP experience and significantly reduce secondary care referrals." Dr Chris Kipps, Clinical Director Mental Health and Neurology, Wessex Strategic Clinical Network

Other projects supported by Accelerator Funds

In brief:

The Wessex Faecal Microbiota Bank

An innovative pilot service to create a frozen faecal microbiota store, this provides faecal microbiota transplantation (FMT) to treat recurrent Clostridium Difficile, a condition carrying a high mortality and economic burden. FMT is a highly effective cure for CDiff infection. This project will overcome barriers to FMT, reduce costs, deliver local benefits, technology and expertise.

MicroGuide App - Antibiotic Prescribing

A decision support tool to a mobile app that allows intelligent prescribing of antibiotics. Praised for its 'game changing and high potential innovation', the MicroGuide app was also successful in winning support and funding from the NHS Challenge Prize.

Financial summary

How funds were used in support of our strategic priorities during 2014/15:

Area of activity	Expenditure	How funds were used
Quality Improvement	£919k	These funds support the programmes to improve health, including our patient safety collaborative.
Building Partnerships	£ 60k	These funds support our engagement with stakeholders, listening to members' needs and supporting an innovative culture.
Centre for Implementation Science	£370k	Our CIS underpins all our programmes, helping to spot need, evaluate projects and advise on spread. Work is undertaken across our universities, with University of Southampton co-ordinating.
Creating Wealth	£917k	These funds support our work with industry, local enterprise partnerships, our commercial engagement and work supporting genomics.
Accelerator Funds	£625k	Funds are provided across a number of health and wealth programmes led by member organisations. Significant matched funding is provided alongside our investment
NICE TAs	£136k	This programme supports implementation of NICE Technology Appraisals.
High Impact Innovations & Digital Health	£ 68k	Support for spread of proven innovations is provided along with support for better links with informatics.
Total	£3,095k	

The Board



Fiona Driscoll
Chair, Wessex AHSN



Martin Stephens
Chief Executive, Wessex AHSN



Jane Pike
Commissioning Member
Director of Service Delivery for Dorset CCG



Adrian Higgins
Commissioning Member
Clinical Director for Unscheduled Care at West Hampshire CCG



Richard Samuel
Commissioning Member
Chief Officer at Fareham & Gosport CCG and South Eastern Hampshire CCG



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



Tony Horne
University Member
Project Director for the Faculty of Science at the University of Portsmouth



Karen Baker
Provider Member
Chief Executive Officer at Isle of Wight NHS Trust



Fiona Dalton
Provider Member
Chief Executive Officer at University Hospital Southampton NHS Foundation Trust



Debbie Fleming
Provider Member
Chief Executive Officer at Poole Hospital NHS Foundation Trust



Helen McCormack
Provider Member
Chief Medical Officer with Southern Health NHS Foundation Trust

Leadership Team



Fiona Driscoll

Chair *Appointment: June 2013*

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.



Martin Stephens

Chief Executive *Appointment: October 2013*

Martin was National Clinical Director for hospital pharmacy 2008-2011, contributing to the national work on safer transfer of care, preventing venous thromboembolism and the QIPP medicines workstream. Before taking on the CEO role with the AHSN Martin steered the network through licencing as Interim Managing Director.



Dave Meehan

Director for Partnerships & Deputy CEO *Appointment: February 2014*

Dave has worked in the Wessex NHS for almost 40 years and held board positions for 20 including Director and Managing Director of Clinical Services, Strategy, Service Improvement, Performance Management, Communications and Engagement.



Andy Burroughs

Director of Wealth and Enterprise *Appointment: April 2014*

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.



Keith Lincoln

Director of Quality and Improvement *Appointment: June 2014*

Keith has 28 years' experience in a variety of quality improvement, operational and strategic management roles operating across the public sector, and most recently was a Strategic Clinical Networks manager for NHS England (Wessex).



Caroline Powell

Director, Centre for Implementation Science

Appointment: February 2014

Caroline is Director of the Centre for Implementation Science based at the University of Southampton, working with all Wessex partners. Her career spans medical research, health services audit and improvement and senior management roles in the public and third sector.

Members & 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
Salisbury NHS Foundation Trust
Solent NHS Trust
Southern Health NHS Foundation Trust
The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust
University Hospital Southampton NHS
Foundation Trust

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

Member Universities

Bournemouth University
Southampton Solent University
University of Portsmouth
University of Southampton
University of Winchester

Stakeholders

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

Academic Health Science Networks are transforming health and care by putting innovation at the heart of the NHS, improving patient outcomes and contributing to economic growth. Wessex AHSN is one of 15 networks across England established to pull together the adoption and spread of innovation with clinical research and trials, informatics, education, and healthcare delivery. Granted its licence by NHS England in August 2013, Wessex AHSN is building strong relationships with regional healthcare partners, scientific and academic communities, and industry partners to develop and spread solutions to healthcare challenges in the region.



Wessex
Academic Health
Science Network

Improving health through innovation

023 8202 0840

wessexahsn.org.uk

enquiries@wessexahsn.net

Wessex AHSN, Innovation Centre
Southampton Science Park, 2 Venture Road
Chilworth, Hampshire SO16 7NP

