

Improving wellbeing and creating wealth in Wessex



Wessex
Academic Health
Science Network

Wellbeing and Wealth

Business Plan
2017-18



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Foreword

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.

That is what we, Wessex AHSN, aspire to. We hope you find this spirit reflected in our business plan.

Bill Gillespie

Fiona Driscoll

Chief Executive
Wessex AHSN

Chair
Wessex AHSN



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What determines our focus? Improvement and innovation

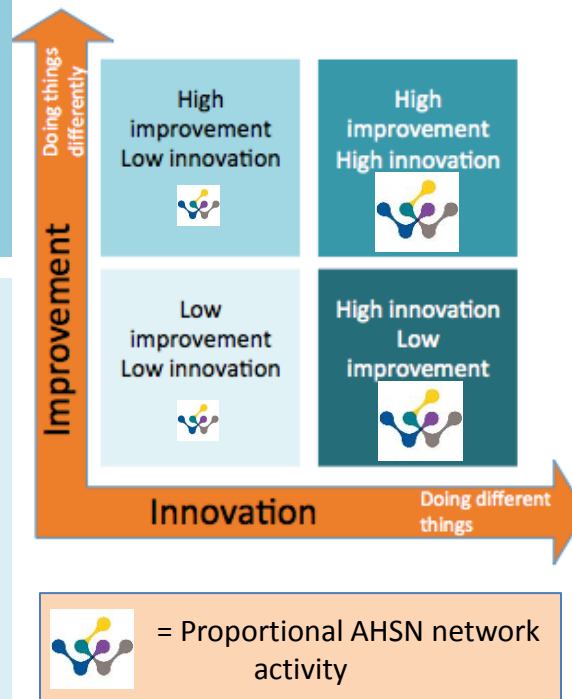
High improvement, low innovation

AHSNs do some work here. This may involve adoption and spread of legacy guidance which the service has struggled to scale, for example, Sepsis Six, or electronic repeat dispensing in primary care.

For some work, where we have demonstrated proof of concept/early majority adoption, we have a managed handover to system partners for further spread. Spread to late majority/late adopters may need additional system levers.

Low improvement, low innovation

AHSNs would not routinely work here. For teams, departments, organisations, this may mean fundamental challenges in governance, leadership, relationships and culture need to be tackled before the ground is fertile enough to consider improvement and innovation. However, teams/organisations which are coming through this challenge may be highly receptive to improvement and innovation as they have little capital invested in the status quo. So, AHSNs and system partners need to be alive to these opportunities.



High improvement, high innovation

AHSNs operate here. At its best, an ecosystem in which a focus on improvement and innovation feed off each other to create a learning health system with the infrastructure (e.g. integrated data), capacity / skills and culture for continual improvement and innovation. Activity here is likely to involve capacity / capability building to create critical mass for adoption, for example, quality improvement (QI) skills for patient safety collaboratives; skills to use risk stratification tools in primary care for proactive long term condition (LTC) management; fit-for-purpose information governance (IG) and culture to support integrated care models, predictive analytics and machine learning. Operating in this space gives AHSNs the insight to spot opportunities for more disruptive innovation in quadrant four.

High innovation, low improvement

AHSNs operate here. This is disruptive innovation. Initial progress can be slow because of resistance to disruption. Disruption takes several forms, for example, MyCOPD (National Innovator Accelerator, NIA) – digital disruption to incumbent providers; Xim (Small Business Research Initiative, SBRI) – camera-based vital signs readings disrupting work flow and roles; moving from 50% dilution magnesium sulfate to 20% solution for safer treatment of eclampsia disrupted supply chain; polypharmacy comparators are likely to challenge balance between “disease-entity” driven policy and policy driving holistic, integrated care; third sector /patient demand for insulin self-administration in hospitals challenges prevailing culture.

What determines our focus? Innovation diffusion curve

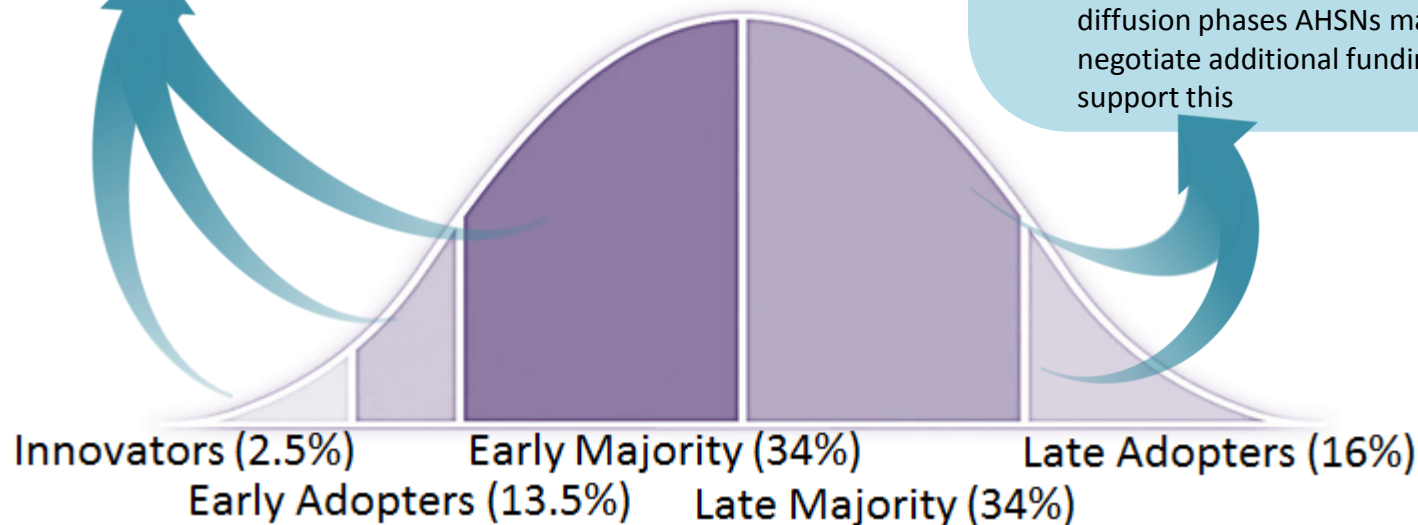
Innovators, Early Adopters and Early Majority

- We work in this space
- AHSNs need to work with system partners to agree plans to transition from AHSN-supported spread projects to system partners taking full responsibility for further spread along the diffusion curve

Late Majority and Late Adopters

Wessex AHSN has worked in this space but with more constrained resources:

- There is a trade-off with the need to focus on the first half of the diffusion curve
- Spread to “late majority” and beyond may need additional system levers which AHSNs do not control
- Where system partners want continued AHSN engagement in these diffusion phases AHSNs may need to negotiate additional funding to support this



License objectives

At the time of writing this business plan, our current licence objectives are under review as part of the NHS England-led relicensing process for all AHSNs. The Five-Year Forward View, the Carter Review, the development of NHS Sustainability and Transformation Partnerships (STPs), the Accelerated Access Review (AAR), the national industrial and digital strategies and the forthcoming life sciences strategy – all these have happened since the AHSNs original license objectives were set. We expect a refreshed license objective to reflect this changing landscape.

In the meantime, our current formal licence objectives are:

Licence objectives:				
Focus on needs of the patients and local populations – unmet health and social care needs	Speed up adoption of innovation – research into practice – better outcomes and better experience	Build a culture of partnership and collaboration address local, regional and national priorities	Create wealth co-develop, test early adoption and spread	Develop a Patient Safety Collaborative (PSC)

The AHSN Network – national collaboration

The fifteen AHSNs for England are working more closely to deliver value for money, and support adoption and innovation at scale across the NHS in England. At the time of writing this business plan, five national priority themes have been identified which will be worked on by all AHSNs in 2017/18.

National Priorities

NHS Innovation Accelerator (NIA)

Four of the 25 NIA fellows are based in Wessex. The NIA programme brings together NHS England and the 15 AHSNs to support promising NIA fellows. These are people from inside or outside the NHS with potential high-impact innovations. The programme also creates an opportunity to gain insight into barriers and opportunities for adoption and spread and, where, possible, to reshape policy levers to reduce barriers.

Small Business Research Initiative for Healthcare and Innovation Pathway

We have customised the Innovation Pathway for Wessex, and we are a strong SBRI advocate. We support applications and have strong links with local companies – for example, MyMHealth.

Medicines Optimisation (MO) – We lead the national MO network. There are two key national projects:

- Clinical handover to community pharmacy: collaboration on data sets and the creation of an implementation guide.
- Polypharmacy: developed comparators with NHS Digital, NHS Business Services Authority, Royal Pharmaceutical Society and the AHSN Network. The comparators will be available for every GP practice, CCG and STP in the country from April 2017.

Atrial Fibrillation

The Network has reviewed innovations for impact; is developing model business cases for every CCG in the country to illustrate return on investment from innovation; and is managing the procurement and distribution of mobile ECC devices (£500k).

Test Beds

In 2015, NHS England established seven “combinatorial test beds” with the intention of bringing together different innovations across particular pathways to explore the combined effect of innovations. The AHSN Network will be involved in spreading the learning from the first wave of test beds.



Our impact so far...

Vanguard Evaluation and Replication of New Models of Care

Wessex AHSN and the Centre for Implementation Science is working as the independent evaluator for vanguard and New Models of Care programmes. With this work, we are helping to determine how well the new ways of working are supporting patients, and how this good work can be applied in other areas of Wessex and beyond.

What was delivered in 2016/17?

- Appointed as independent evaluator to two Vanguards; Happy, Healthy, at Home (North East Hampshire and Farnham) and My Life a Full Life (Isle of Wight)
- Comprehensive 'deep dive' (thorough) evaluations of 10 New Care Models (NCM) completed in 2016/2017; seven for Happy, Healthy, at Home (North East Hampshire and Farnham Vanguard) and four for West Hampshire CCG
- Evaluation symposium held with Happy, Healthy, at Home to share evaluation findings; 90 attendees from Wessex and beyond
- Two impact statements of evaluation findings published and disseminated widely on Care Navigators and Recovery College



What's planned for 2017/18?

- Delivery of 'My Life a Full Life' (Isle of Wight) evaluation programme and Happy, Healthy, at Home (North East Hampshire and Farnham) evaluations, including 'deep dives' of at least 12 further New Care Models
- Communication of evaluation findings to National NCM team and other Vanguards through national communities of practice
- Further symposia including two for the Isle of Wight; two for North East Hampshire and Farnham
- Support to spread and adoption of successful New Care Models through links with STPs and AHSN Network

My life a Full Life

Happy Healthy at Home

@WessexAHSN
wessexahsn.org.uk

Wessex Academic Health Science Network

Wessex Genomic Medicines Centre (GMC): Delivering the 100,000 genomes project across Wessex

What was delivered in 2016/17?

Wessex GMC has now recruited over 1,500 patients of 3,000 local people (Wessex target) into the national 100,000 genomes project, a major drive to try and tackle rare disease through studying people's genes.

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

1,500 Patients into the 100,000 genomes project.

Recruitment rates will increase as our partner trusts ramp up to their full capacity. We have supported UHS 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.

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



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

What's planned for 2017/18?

- Ensure over 50% of secondary care clinicians in UHS and our partner trusts are aware of the 100,000 genomes project through posters, events, social media, and newsletters.
- Ensure more than 100 clinicians are sufficiently informed about the project across UHS and the partner trusts to recruit patients into the project.
- Aim for 3,000 recruited patients by end of December 2018.
- A major event in May 2017: 'The Dawn of Precision Medicine in Wessex'

To find out more about the Wessex NHS Genomics Medicine Centre, or to take part, please email: genomicsrd@uhs.nhs.uk
@WessexGMC
#Genomes100K
or visit uhs.nhs.uk/WessexGMC

Genomics Education Programme
NHS Genomic Medicine Centre

NHS Wessex

@WessexAHSN
wessexahsn.org.uk

Wessex Academic Health Science Network

Our impact so far...

Respiratory: improving lung health across Wessex

What was delivered in 2016/17?

- Successfully planning and beginning to deliver an ambitious new way of treating patients with respiratory problems
- Achieving support from local primary care participants and vanguard partners
- Creating champions for the model and maximising opportunities for future spread
- Securing additional investment and support from technology partners and pharma
- Generating interest and national recognition e.g. HSI award
- Securing additional support for spread from The Health Foundation



Visit: wessexahsn.org.uk/videos where you can view our new MISSION video

Since 2013



Improved early diagnosis of respiratory disease for over
1,000 patients



Improved patient quality of life as measured by QALYs for over
3,000 patients

What's planned for 2017/18?

- Around 1,000 patients identified and reviewed by specialist team
- Measurable savings in healthcare utilisation identified
- Measurable improvements in quality and experience of care
- Uptake of the model by at least two localities in Wessex



1,000 patients
Identified and reviewed by specialist team

Winner!
of the Primary Care Innovation category at the HSI Awards 2016



missionabc
TAKING CONTROL

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Industry and Innovation: better outcomes for patients, value for the NHS, economic growth, jobs and profitable local companies

What was delivered in 2016/17?

Health Innovation Programme (three-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. In 2017, we had people from 14 Wessex start-up companies attend, of which, six were asked to apply to the Catalyst Centre, signifying an increase in the quality of the start-up businesses. One of the 2015 attendees - My mHealth - has gone on to become an NHS England National Innovation Accelerator fellow, and is set to benefit from the national Innovation and Technology Tariff.



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Start-up health innovation companies supported in 2016 and 2017

- Since starting in August 2016, we have seen and advised 17 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.

Funding Support Service (find grants, check and send)

In 2016, we produced and published 23 Money Minutes Podcasts to bring grant opportunities to local businesses. Collectively these have been listened to 22,000 times.



In 2016-17, we helped 11 organisations apply for business development grants.

5x of these applications were successful, securing total awards of

£1.9M

23 Money Minutes Podcasts have been listened to

22,000 times

SETsquared
East of England
University of Bath, Bristol, Devon, Southampton & Surrey

@WessexAHSN
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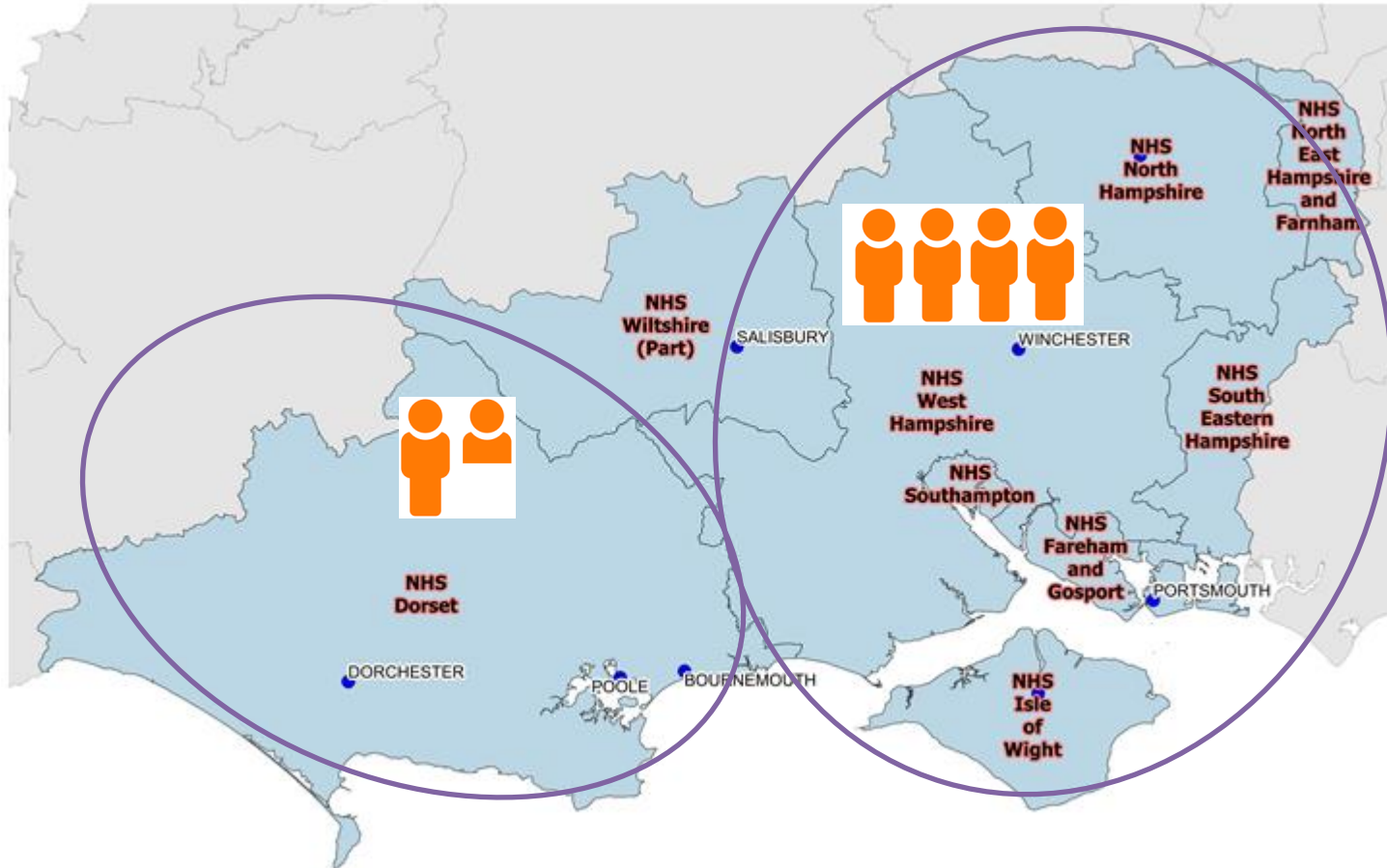
Rooting the AHSN in Wessex

The Wessex population in 2016: ~2.75m

The population is expected to grow by 0.6% annually to >2.9m by 2020

There is a higher percentage of older people:

- 21% >65 years (16% England average)
- 4.1% > 85 years (3.2% England average)



Legend

-  - NHS clinical commissioning Groups (CCGs)
-  - Sustainability and transformation partnership (STP)
-  = 500,000 population

Rooting the AHSN in Wessex

Wessex has an important industry and private sector landscape:

- **10% of the workforce** employed in the health economy
- **Over 300 health and life science companies** in the region; med-tech sector most important in terms of number of companies and jobs
- **Wessex is also home to** IBM's research and development laboratory; the Ministry of Defences' Science and Technology Laboratory (DSTL); Public Health England; Ordnance Survey Headquarters – all organisations we collaborate with
- **Wessex holds a world leading skills base** in animation and technology development for mainstream entertainment. We see this application to healthcare as having great potential



Within this landscape, we have successfully:

- Held a Medtech Investment Showcase in London (March 2017), opened by Dr. Luisa Stewart, Deputy Director of Innovation, Office of Life Science. Exhibiting companies reached over 1,500 investors through event promotion and pitched to over 100 investors at the event
- Built a close working relationship with the SETsquared Partnership – the World's Number one University Business Incubator, to help bring innovation and investment to the Wessex region
- Provided more than 800 hours business support to in excess of 180 innovators in 2016/2017
- We have created strong working relationship with industry associations, for example, Association of British Pharmaceutical Industry (ABPI), Association Of British Healthcare Industries (ABHI), Ethical Medicines
- Industry Group (EMIG) and British In Vitro Diagnostics Association (BIVDA)



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Our strategic themes

For the next year, we have **four strategic themes** which pull together our work across a number of our programmes:

Healthy ageing – the ageing population is widely recognised as one of the biggest challenges for our future. Elements of existing our programmes address components of frailty. For 2017/2018, we have identified the need to draw many of these aspects together, and create a cross-cutting approach for innovation and spread in healthy ageing and frailty. This programme will focus on opportunities to slow the onset of, and reduce the severity of, frailty through innovation and the rapid spread of new approaches. At the time of writing the business plan, this programme is in start-up phase. We will report back to Board and members, once the discussions about scope and priorities have concluded.

Data-driven, digitally-delivered personalised healthcare – arguably the biggest driver of change in health systems over the next 20 years will be an explosion in health care data captured through wearable devices and devices connected to the internet. Rich real-time data coupled with strong analytics offers the prospect of more proactive and personalised healthcare. But that is not inevitable. Other scenarios where uptake of digital and analytics is slow, or where they are not blended fully with holistic, “touch-based” care are possible. Our work will focus on supporting the system to exploit the benefits of this new world and avoid some of the pit falls.



Extended primary care teams – much of the Five Year Forward View is predicated on strong primary care supporting people to lead healthy lives and minimising the need for hospital care. Yet primary care is under severe strain and historically it has not had access to the full range of functions that have supported change in other parts of the NHS. We want to work with primary care, with primary care commissioners and with other arm's length bodies such as Health Education England and with Vanguards to ensure that innovation and spread of innovation are well supported in primary care teams across Wessex. This programme is just being initiated, we will come back to the Board and members with details on scope and priorities once we have completed discussions with members and local stakeholders.

Personalised medicine and genomics – across the country, genomics is at a relatively early stage of development. Genomics is not a niche specialism. It offers the prospect of fundamentally changing our understanding of both rare and common diseases and of ensuring a much more targeted match between patient and treatment. Our role is to help prepare the ground within the NHS and with the public for this revolution.





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Note: there are no programme specific business plans for Healthy Aging or Extended Primary Care Teams as these are new programmes, and are being established in 2017-2018.

Mapping our work to NHS England's Five Year Forward View

Programme	Matching the Gaps		
Atrial fibrillation		●	◆
Data-driven, digitally-delivered personalised healthcare	■	●	◆
Dementia	■	●	◆
Extended primary care teams	■	●	◆
Healthy ageing	■	●	◆
Industry and innovation	■	●	◆
Medicines optimisation	■	●	◆
Mental health	■	●	◆
Nutrition in older people	■	●	◆
Optimising intelligence		●	◆
Patient Safety Collaborative		●	◆
Personalised medicine and genomics	■	●	◆
Reducing harm from alcohol	■	●	◆
Respiratory	■	●	◆
Vanguard evaluations and New Models of Care	■	●	◆
Wessex International Healthcare Consortium			◆

Key: FYFV priorities

- Health and wellbeing
- Care and quality
- ◆ Finance and efficiency

NHS Five Year Forward View

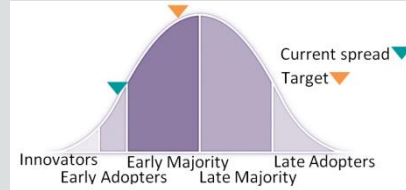


Mapping AHSN programmes to the local Sustainability and Transformation Partnerships (STPs)

Programme	STP													
	Dorset					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 hopsitals	Improved collaboration across hospital trusts	
Atrial Fibrillation		◆	◆		◆	◆	◆	◆		◆	◆			
Data-driven, digitally-delivered personalised healthcare	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Dementia		◆	◆		◆	◆	◆		◆	◆				
Extended primary care teams		◆			◆	◆	◆		◆	◆	◆	◆		
Healthy ageing		◆	◆		◆	◆		◆	◆	◆				
Industry and Innovation				◆	◆	◆	◆		◆	◆	◆			
Medicines Optimisation		◆	◆			◆	◆	◆	◆	◆	◆	◆		
Mental Health			◆		◆	◆	◆	◆		◆		◆		
Nutrition in older people		◆	◆		◆	◆	◆	◆	◆	◆		◆		
Optimising Intelligence			◆	◆			◆	◆			◆			
Patient Safety Collaborative					◆		◆			◆		◆	◆	
Personalised medicine and genomics	◆		◆		◆	◆	◆	◆		◆		◆		
Reducing harm from Alcohol			◆			◆	◆	◆		◆				
Respiratory		◆	◆		◆	◆	◆	◆		◆			◆	
Vanguard Evaluations and New Models of Care		◆			◆	◆	◆	◆	◆	◆	◆			
Wessex International Healthcare Consortium					◆	◆					◆	◆		



Reducing Harm from Alcohol



Context

Increasing number of lives lost due to alcohol-related mortality in Wessex

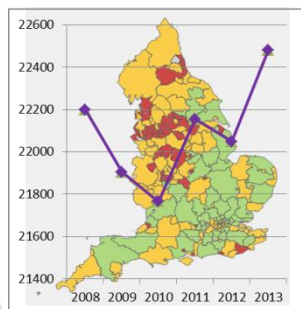
Alcohol-Related Lived Disease is a **major health problem** within areas of Wessex with rates which are almost **double** the national averages for **mortality**



1,350 deaths per year in Wessex

~5% increase since 2008

53,000 admission episodes for alcohol-related conditions in 2013/14



In England more than 22,400 people died from alcohol related causes in 2013



Achievements

- Completion of work with Soberistas, resulting in two peer reviewed open access publications in high impact journals, and growth to 38,000 members
- Launch of Regional Alcohol Admission Data (ARLD Dashboard) assisting commissioners to help improve service provision
- Acute admission liver disease (25,000 admissions) data packs (Wessex-wide and Trust specific) shared across Wessex, and with other AHSNs
- Baseline audit completed at HHFT, UHS and IOW, and initiated at Portsmouth, Salisbury, Bournemouth, Frimley Park and Dorset County Hospitals
- HHFT, as pilot site, implemented local Alcohol Treatment Pathways and completed a repeat audit. Results show increase in number of patients screened for alcohol use, and accessing services / treatment
- Published ARLD Identification and Treatment Toolkit on the Wessex AHSN website
- Drink Informed Kit disseminated to acute hospital alcohol services and key commissioned community services across Wessex



Planned Impact 2017-18

- Reduction in barriers to local pathway development** through involvement of CCGs and key acute trust stakeholders
- Responding to the results of the baseline audit** by implementing alcohol treatment pathways and earlier identification and care of patients with ARLD, resulting in reduced morbidity and mortality through improved clinical care
- Potential **cost avoidance across Wessex of £10m per annum** if patients identified one year earlier, or £13.3m per annum if identified two years earlier
- Deployment** of a 'tried and tested' **toolkit** to support implementation of improved processes for ARLD identification and treatment
- Evaluation of new models** of alcohol care and subsequent referral to alcohol liaison teams



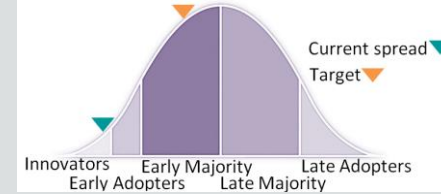
Planned spread: Sharing ARLD toolkit with other AHSNs. There is potential for international export. We are commissioned to train staff at Frimley Park and Heatherwood Hospitals

Transition plan: The current programme planned to end Mar-18 having implemented with early adopters. A decision on further implementation will be taken during 2017/18. Appropriate transition planning will then commence



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Atrial Fibrillation (AF)



Context

Percentage of diagnosed people with AF is higher in Wessex compared to national average

>50,000

people diagnosed with AF in Wessex (1.9% of population; higher than national average)



1 in 20 people with AF will have a stroke if not anticoagulated

15%

of all strokes are caused by AF

Mortality rate from stroke for people with AF is **double** that with normal heart rhythm

There are **approximately 16,500 patients** with AF in Wessex who are not receiving full treatment



Achievements

Starting Anticoagulation with Jack



Development of “**Starting Anticoagulation with Jack**” video in collaboration with Royal Pharmaceutical Society, the pharma industry and voluntary organisations and Hampshire Hospitals Foundation Trust

NMS Referral Card evaluation project in progress. **Training delivered to 50** Community Pharmacists. In West Hampshire CCG, NMS anticoagulation referral is **highest in the region at 22%**



National profile in AF community of practice, leading the detection workload



Wessex AHSN is the second highest user of the GRASP AF tool in England with **78% practices** uploading the programme

We have a **lower than national average** percentage of patients having a stroke where AF was known but anticoagulation not prescribed **at 49%** (national average 51%) (2015/16 data)



Detection rates increased by an average of 6.57% in 2015/16 (range 2.07 – 10.66%)



Planned Impact 2017-18

To target CCGs according to their data sets, and focus on optimising anticoagulation for patients with known AF



Reduce the number of strokes by 260 annually in Wessex

Reduce the number of deaths annually, by 90 to 358 in Wessex



Avoid an estimated £3m in health and social care costs in Wessex

At a national scale, **increase in patient identification** from 1.9% to 2.8%



Planned spread: As the national lead for the AHSNs AF

programme, we plan to support CCGs to demonstrate opportunities to increased diagnosis, reduced the number of strokes and identify cash savings through the nationally created business case template. We will implement of UK-wide initiatives established through a register of best practice. We will lead the procurement, distribution and implementation of AF mobile ECG devices included in the Innovation Technology Tariff

Transition plan: Our transition plan is being developed with partners as we collaborate with them and is project dependant but considered early in the process. A focus of the transition is education so skills to continue to be embedded in to practice



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Dementia



Context

iSpace is a quality improvement and innovation programme to better manage the pathway of patients with dementia and their carers through primary care



Rising prevalence of people with dementia



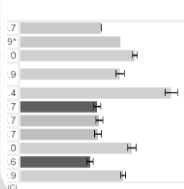
Over **850,000** people have dementia in the UK, but only ~50% on registers



43,000 people in Wessex with dementia with ~25,000 of these on dementia registers

People living with dementia are expected to **double** within the next **20 years**

Variation in diagnosis rates



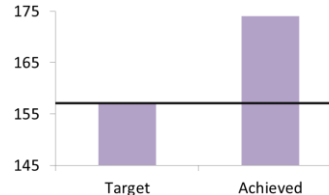
National target to achieve 67%

Variances in **diagnosis rates** between Wessex CCGs from **59% - 67%**



Achievements

Implementation of iSpace in **174** surgeries



Completion of iSPACE in **54** surgeries



>1,000

Over 1,000 staff trained in 2016

6% reduction in clinical consultations

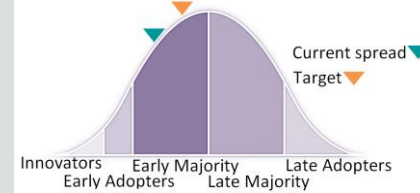


16% increase in diagnosis rates in surgeries implementing iSPACE



£34,000 savings per annum in 20 surgeries due to reduction in consultations

Spread the programme to Thames Valley



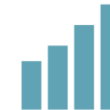
Planned Impact 2017-18

Successful handover of iSPACE to local healthcare system

CCGs in Wessex to **adopt iSPACE** as part of the standard practice



Achieve planned **spread to 50%** of GP surgeries (by May-17)



Analyse data from **40 participating surgeries** and demonstrating measures of impact



Analyse **three focus groups** to measure the impact of iSPACE adoption

Ensure **all resources** are **accessible** and that staff can link up with local systems to support and advice further implementation



Planned spread: Of our learning planned via the Alzheimer's Society

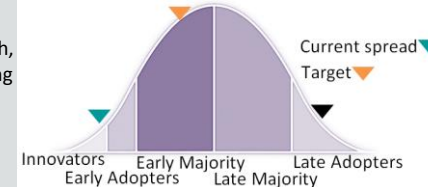
Transition plan: Part of planned activity for 2017/18



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Medicines Optimisation

▼ = represents Pincer/Primis implementation target. This is high, as these are essential underpinning infrastructures to enable further innovation



Context

£782.5m

Total spend on medicines for Wessex in 2015/16

Comprising:

£326.2m spent in hospitals

- 20% increase against 2014/15

£449.8m spent in primary care

- 5% increase against 2014/15



Overall, 10% increase versus 2014/15

30-50% of medicines are not taken as intended

1 in 20 prescription items in primary care has an **error** and **1 in 550 is serious**



Approx. 56 million prescription items were **dispensed** in Wessex in 2014/15. This means that there were over **100,000 serious errors**



Between 2003 and 2013 the average number of prescription items per year for any one person increased from 13 to 19

More than half of patients aged 65-74, and more than 70% of those aged 75 and over, report having taken at least three prescribed medicines



Achievements

Development of nationally available **Polypharmacy Comparators** with NHS BSA, NHS Digital, RPS and the wider AHSN MO Network

Created a guide to Implementation of Self Administration of Insulin. Shared and linked from Diabetes UK website.

Presented at **Patient Safety First conference**



3

Clinical handover to community pharmacy active in three trusts, in early planning in three, and in discussion in a further two

Electronic repeat dispensing pilot in five practices has yielded powerful data to drive change

Engagement with CCGs the work and CCGs are developing plans for 2017/18

Ensuring that Medicines Optimisation work is included on the **local sustainability and transformation partnership (STP)**. Further links between pharma industry and STP made

Magnesium sulphate is **now in use in all maternity units in Wessex and Thames Valley**, and extending to other clinical areas. Bulletin outlining reasons for change is endorsed by NHS England and nationally available



Planned Impact 2017-18



90% of GP practices to utilise Pincer audits

All eight acute trusts to implement clinical handover to community pharmacy



All nine CCGs will have plans in place and commence programmes to address polypharmacy

40% of all prescription items in primary care dispensed as repeat dispensing



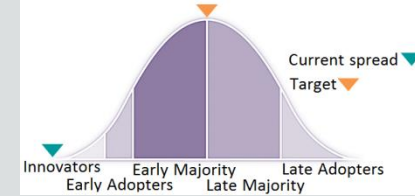
Planned spread: Of the programme and learning via the national AHSN Medicine Optimisation network and key partners, such as Lilly UK or Diabetes UK

Transition plan: We are working closely with, and enabling the Chief Pharmacists Network and Heads of Medicines Management Network to deliver the programme. Transition planning will run parallel with achieving programme delivery



Wessex
Academic Health
Science Network

Mental Health – Supporting the Crisis Pathway



Context

The **Care Quality Commission** found that only 14% of adults surveyed felt they were provided with the right response when in a mental health crisis¹.

National and local data demonstrate that the peak hours for a mental health presentation



to A&E are between 11pm and 7am, although this is when resources are most likely to be unavailable.

There's both a local and national drive to improve services to support people in a crisis as it is recognised services are inadequate.




Improving crisis care will not only improve care for service users and their carers but will also support the staff looking after these groups.



Approach

Programme activities in 2016/17 focused on project scoping, definition and establishment for Apr -17 launch.

The approach for this programme will comprise of:

- **A 'deep dive' on all A&E mental health activity data.** Recreating work already undertaken by the AHSN and Southampton CCG 
- **Serenity Integrated Mentoring (SIM) for High Intensity Mental Health Users.** The AHSN is supporting the roll out of this successful model to support high intensity MH users through the NHS Innovation Accelerator (NIA) Programme
- **Evaluation of the Safe Haven Crisis Care Model** as part of the North East Hampshire and Farnham Vanguard Evaluation 
- **Mental Health and technology:** Opportunity to work with providers and SMEs in evaluating the introduction of online therapeutic interventions into clinical practice




Planned Impact 2017-18



'Deep dive' on all A&E mental health activity data - supporting Wessex commissioners across with future healthcare planning

SIM for High Intensity Mental Health Users - ensuring that all Wessex regions have the opportunity to benefit from this proven NIA programme

Safe Haven Café model -this evaluation will be important for other services in Wessex who are considering investing in similar models (IoW, Dorset, West Hampshire and Southampton) 



Mental Health and technology - evaluating the experience of both SMEs and NHS teams in introducing technology will allow us to understand the critical factors for success

Supporting workforce development - in partnership with Health Education Wessex, enhance the skills of the MH workforce through the Advanced Nurse Practitioner Programme

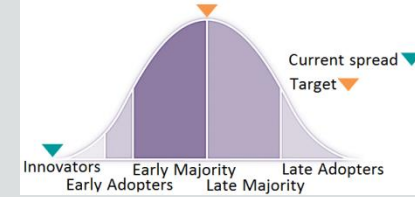


Planned spread: Results will be shared regularly with Wessex CCGs, provider trusts, universities, and other stakeholders

Transition plan: This is a new programme. Transition planning for business as usual will be undertaken from the beginning



Mental Health – university students



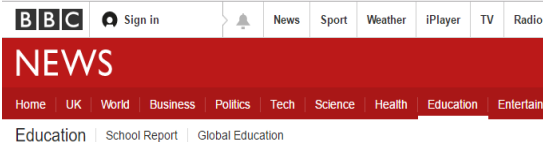
Context

Increasing pressure on students is leading to rising mental health problems



28% rise in university students seeking counselling services in 2014 - 2015

Increasing **media coverage**¹;



Student mental health 'lacks support'

By Sean Coughlan
Education correspondent

© 22 September 2016 | Education & Family



500

Approximately 500 student mental health related A&E attendances per year at

University Hospital Southampton Emergency Department (2014-2017)



A university will lose up to £9,000 per annum for a student that becomes unwell and drops out



Approach

Programme activities in 2016/17 focused on project scoping, definition and establishment for April 2017 launch.

The approach for this programme will comprise of:

- Understand health care utilisation for students experiencing mental health issues
- Connect universities and healthcare to best understand the needs of this group
- Define what services should look like
- Share best practice from across Wessex, nationally and internationally
- Support commissioners with future healthcare planning for this group



Planned Impact 2017-18

Improved understanding of how this demographic utilise health services



Connect resources outside of the traditional NHS – students, university staff, charities, peer support, technology



Reduce inappropriate student A&E attendances in turn reducing NHS pressure and costs

Investigate opportunities to **spread learning** to colleges and young people

Increased **student retention** for universities



The potential for **recurrent financial savings** as thousands of new students each year



Planned spread: Southhampton city will be the “innovator” site.

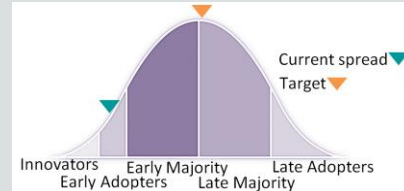
Results will be shared regularly with Wessex CCGs, provider trusts, universities, and other stakeholders. Spread will initially be Wessex wide, before involving other AHSNs

Transition plan: Transition planning for business as usual will be undertaken from the beginning. All work streams will be completed by March 2018, with this timeline communicated to all stakeholders involved



Wessex
Academic Health
Science Network

Nutrition in Older People



Context

Three million people in UK at risk of **malnutrition**, including **one million older people** (over 65 years)



79,000 older people in Wessex at risk of being malnourished

93%

of malnourished living in the community
= **73,000 older people in Wessex**

Malnourished patients:



- Three times more hospital admissions



- Three days longer length of stay



- Two to three times higher cost of treatment

Estimated cost of malnutrition in England¹

£ 19 bn

£ 760m

Estimated cost of malnutrition in Wessex

NICE guideline on nutritional support (2006) is not well implemented in community, with limited data or evidence available.

Evidence from Dorset and Eastleigh pilots leading to wider spread



Achievements



2,000 people **screened** for undernutrition, and given either:

- Individualised care plan
- Signposting to advice/support



Raised awareness of undernourishment in 250 people (health and social care professionals; voluntary sector; care workers)


Agreement to **roll out programme** across Dorset and across Southern Health NHS FT Integrated Care Teams



Dissemination at **national BAPEN conference** (two best posters shortlisted); three **articles published** in practice journals



Provision of an evaluated **nutritional care toolkit**

National collaboration with  Age UK, malnutrition taskforce, other AHSNs

Burdett Trust funding of £140k for collaborative research project investigating the barriers and solutions for nutritional screening and care in the community



Planned Impact 2017-18



Screen over 5,000 people for of undernourishment and either provide care plans or advice accordingly

5,000

Raised awareness of undernourishment in 1,000 people (health and social care professionals; voluntary sector; care workers)



Deliver potential **savings** (health and social care) of **£2m per annum**. (Based on published health economic studies)

Implement and evaluate **innovative approaches** for identifying and caring for people at risk of undernourishment



Update **nutritional care toolkit**, including specific tools for use by care workers



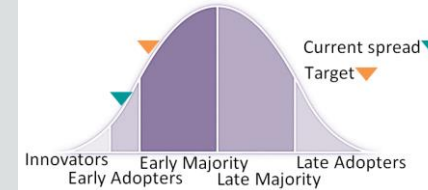
Planned spread: To other AHSNs and health care professional networks

Transition plan: The current programme will end Mar-18. Business planning is taking place to ensure a smooth transition



Wessex
Academic Health
Science Network

Personalised Medicine and Genomics



Context

Cancer kills 8,000 people in Wessex each year; and 16,500 new cases are diagnosed

£ 250m

NHS spending on cancer in Wessex per year,

Rising to **£900m** when societal costs are included

Numbers rising as population ages

There are **150,000 rare disease patients** in Wessex.



80%, or 120,000 people have a rare disease with a **genetic background**

We are supporting University Hospitals Southampton (UHS) in delivering the 100,000 genomes project across Wessex



NHS Genomic Medicine Centre



Achievements

1,500

Wessex Genomic Medicine Centre (GMC) has **recruited over 1,500** patients into the 100,000 genomes project

The **majority** are directly **through UHS**, but we have been instrumental in **four local delivery partners (LDPs)** joining the project

For clinicians we have produced promotional materials, posters, banners, clinicians 'how to' guides etc., all **used at exhibitions and events** across Wessex and shared nationally



For the public, we identified, planned and **delivered** in-depth public education on the project through the **Café Scientifique** network

CAFE SCIENTIFIQUE

Science for the price of a coffee

330

Reaching **330 people** across six events spread over Wessex

We have **spread innovative ideas** across other GMC by acting as communications lead for the Wessex GMC



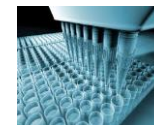
Planned Impact 2017-18



Ensure that over **50% of secondary care clinicians** in UHS and in our LDPs are aware of the 100,000 genomes **project**

Ensure that **>100 clinicians** are **sufficiently informed** across UHS and the LDPs to recruit patients to the project

Wessex GMC to **recruit 3,000 patients** by Dec-18



Planned spread: This is already a national project and so we are supporting the local Genomic Medicine Centre. We will continue to embed this project regionally

Transition plan: The national 100,000 genomes project is planning to run until Mar-18. Our involvement with this programme will reflect this timeline



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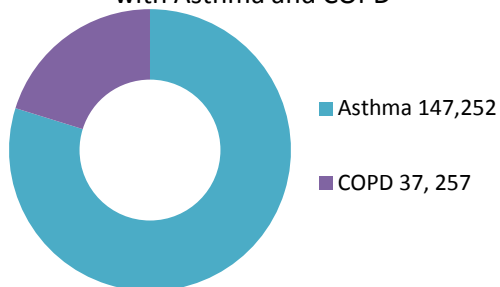
Respiratory



Context

High prevalence rates for respiratory conditions in Wessex costing the health economy approximately £83m a year

Numbers of people in Wessex living with Asthma and COPD



National **AHSN leadership role** through a strong and distinctive track record in **respiratory disease** to find the 'missing millions' in collaboration with;



Distinct shift in focus for the programme from problem and solution identification (2016/17) to spread of clinical models which improve outcomes for patients in the coming year



Achievements



Successfully planning and beginning to deliver an ambitious new care model

Achieving support from local primary care participants and vanguard partners



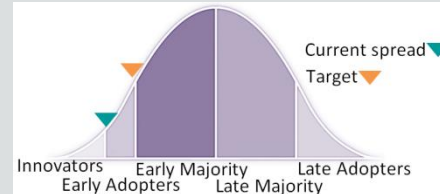
Creating champions for the model and maximising opportunities for future spread

Securing additional investment and support from technology partners and pharma to the **value of £165,000**

Generated interest and national recognition in the form of:



- **HSJ award: Winner** of the 'Innovation in Primary Care' category with Portsmouth NHS Trust for Mission COPD and Asthma
- **Securing additional support** for spread from The Health Foundation



Planned Impact 2017-18

1,000

patients identified and reviewed by specialist team

Measurable **savings in healthcare utilisation** identified

Measurable improvements in **quality and experience** of care

Uptake of the model by at least two localities



Planned spread: Spread in 2017/18 is planned within

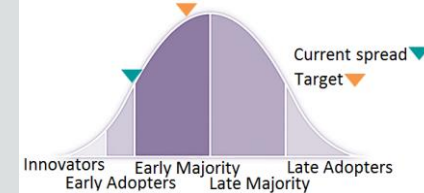
Wessex, informed by the evidence experience of delivering Mission ABC in the South East Hants and Fareham and Gosport areas. Opportunities for spread to neighbouring CCG and AHSNs will also be explored, following up on several expressions of interest

Transition plan: The project is due to complete in Autumn-17. Thereafter we will work to complete the programme evaluation report and ensure the online toolkit is created to generate a permanent resource for new localities planning to implement the model. Spread can be continued via sustained diffusion, rather than active promotion



Wessex
Academic Health
Science Network

Patient Safety Collaborative



Context

2017/18 “Back to Berwick” – supporting a **continuous learning system** across Wessex

National PSC scope¹:



Build system wide **capability in quality and safety improvement**

Build skills and capability round **measurement for improvement**

Help to create a **safety culture**



Organisational **leadership development for safety** at all levels



Engagement on national PSC programmes of work:

- Maternity
- Culture
- Physical Deterioration



Facilitate and promote **innovation** in practice

Improve **topic specific** clinical processes

Encourage the **adoption and spread** of evidence based improvements



Active contribution to **national sharing and learning**



Achievements



Increased traction across Wessex; higher number of events with more participants and networks and new penetration into maternity, primary care and EDs



Engaged **150 staff** in the physical deterioration collaborative and delivered out reach sessions to approx. **130 primary, community and social care staff**

Suspicion of sepsis data indicates a **reduction in Sepsis mortality across Wessex**



Emergency Laparotomy data (baseline to end Q3) shows a 19% decrease in crude mortality and a **25% decrease in 30 day risk adjusted mortality** with a 22% increase in blood lactate (sepsis screening) and a 20% increase in post-op critical care

Human Factors sessions for **nearly 100 staff**

Development and testing of the **Scale Up Template** and the **Safe Practice Framework**

320 CSIP members and a successful **CSIP conference with 240 participants**. LIFE platform roll out complete



Planned Impact 2017-18



Deliver QI sessions, including Safety 2 and Human Factors, to over **500 people**

At least three healthy and thriving Networks across Wessex



Commence Project Primary Care: delivering bespoke support in 3 ways; raising awareness, focus on sepsis and deterioration and an Intensive Support Cohort² of 5-8 practices

5-10

Patient Safety projects supported with Scale Up



Deliver a second CSIP conference² to over 200 people, and CSIP to have **500 members**



Wessex Q programme to have 120 members

Develop a **Wessex Quality Improvement Hub**



Planned spread: If successful, the Scale Up Template and Safe Practice Framework will be shared.

Sepsis, NEWS and deterioration work will continue through Project Primary Care and the Network. Wessex will support the national PSC programmes in maternity, ED and culture

Transition plan: The PSC runs until the end of Mar-19 and all projects have embedded transition / exit principles



Data-driven, digitally-delivered personalised healthcare

A baseline for adoption is to be identified and set during 2017/18, to enable the measurement of spread

Innovators Early Adopters Late Majority Late Adopters



Context

The NHS **Five Year Forward View** outlines a commitment to exploit the digital Revolution



This is through a better use of technology. Data is a prerequisite to supporting and enabling the key developments needed to reshape the health and care system.

Digital innovation and more effective use of data will support system transformation and sustainability.



Achievements

- Active and ongoing **involvement in the H&IOW STP Digital Transformation Board** and an advisory role within the STP prevention workstream
- **Delivery of Digital Workshop** for self management
- Input into the **Healthy Towns programme** including planning and delivery of an innovation workshop
- Support to the **digital care homes project** with Southampton City CCG in conjunction with BUPA
- Sponsorship and **delivery of the Southern Institute of Health Informatics** conference
- Ongoing work with the CHLARC to **support the take-up of GENIE**
- Participation in the **AHSN Health innovation surgeries** for SMEs and follow-up activity
- **Relationship building with commercial enterprise** – raising the profile of AHSN work and opportunities for join working
- Establishing links with **the national opt-out and consent model** programme and the development of consultation capacity
- Introduction of an **AHSN digital health blog**
- We **reviewed digital input** into undergraduate courses commissioned by Health Education Wessex




Planned Impact 2017-18

Align prevention technologies with overarching STP digital transformation priorities

Develop increased awareness of the role of the AHSN to support digital health developments



 Increasing **recognition that patients and the public have a key role to play** in progressing technology adoption

Improving clinicians' knowledge about available technologies which could transform service delivery, improving patient care

Work with academic institutions and local system leaders to **enhance the implementation of technology**



Planned spread: We will engage STP partners to raise the profile and relevance of adoption and spread methodologies to the implementation of technologies. We will regularly share progress and outputs with key stakeholders

Transition plan: The programme plans to produce a transition strategy during Q2 and Q3, with a view of mainstreaming activities currently being undertaken by the AHSN



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Industry and Innovation

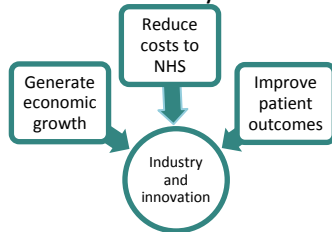
A baseline for adoption is to be identified and set during 2017/18, to enable the measurement of spread

Innovators Early Adopters Early Majority Late Majority Late Adopters



Context

We aim to simultaneously:



Innovators from the NHS and Industry often identify opportunities but **need support** to develop business plans, business models, prototypes, and evidence



For most, this requires clinical advice, mentoring, introductions, funding, and guidance to navigate the complex NHS market place

We support companies along that journey and increase their prospects of success



We will bring **innovations** to patients faster, improve **value for money** in the NHS and generate **economic growth**



Achievements

We have **supported one innovator** to successfully apply for the **National Innovation Accelerator programme**

We've held **two innovation forums**

Helped 10 companies apply for business development grants, of which 5 have been successful, with **total awards of £955,000**



Supported 10 companies to exhibit over **four major events**, reaching collective audiences of over **10,000 people**

We have **seen 17 companies** at Health Innovation Surgery



Published 23 Money Minutes podcasts, collectively listened to over **22,000 times**

We have **led the first South Coast MedTech Investor Showcase**, with 16 companies selected to pitch for external investment to **over 100 investors**



Supported 150 companies to move forward through the Innovation Pathway



Planned Impact 2017-18

>12

companies **joining the HIP¹** to produce improved business plans, models and pitching skills

20 companies benefiting from a meeting with the HIS²

Create at least **10 money-minute podcasts** to highlight funding opportunities to companies



Support at **least 10 companies** to apply for development grants, generating at **least £1m**

Run at least three Innovation Forums, around Wessex to bring private investment into developing companies through the investment showcase

Bring **start-ups and SMEs into exhibition space** with NHS decision makers resulting in contracts and pilot studies



Planned spread: We already collaborate with West of England and Kent Surrey and Sussex AHSNs will continue to for the benefit of local companies

Transition plan: This is business as usual for us, and so has no end, however, interaction with each company will end appropriately, dependant on their product development (succeed or fail)



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Science Network

Optimising Intelligence

2016/2017 was about establishing infrastructure and so no spread target currently exists. This is to be established in 2017/18

Innovators Early Adopters Early Majority Late Majority Late Adopters



Context

Data-driven, digitally-delivered personalised healthcare – arguably the biggest driver of change in health systems over the next 20 years will be an explosion in health care data captured through wearable devices and devices connected to the internet.

Rich real-time data couple with strong analytics offers the prospect of more proactive and personalised healthcare.

But that is not inevitable. Other scenarios where uptake of digital and analytics is slow, or where they are not blended fully with holistic, “touch-based” care are possible.

Our work will focus on supporting the system to exploit the benefits of this new world and avoid some of the fit falls.



Achievements

A **review of existing barriers** faced by various stakeholders when accessing data for research and service improvement purposes



Built links with leading edge industry



Practitioners in the field of data analytics

Establishing links with the national opt-out and consent model programme and the development of consultation capacity

Development of the Optimising Intelligence Programme infrastructure including the Programme Board and Expert User forum

Delivery of Digital Workshop (STP leaders/University of Southampton) regarding self management



We presented to the West of England AHSN on data developments in Wessex

Active and ongoing involvement in the **Hampshire and Isle of Wight STP Digital Transformation Board**



Planned Impact 2017-18

Increased awareness of the role of the AHSN to support intelligence developments

Undertake **demonstrator projects** to highlight the barriers which prevent the optimisation of intelligence



Review barriers to innovation and take action with relevant stakeholders to address Increased **recognition that patients and the public have an important role** to play in progressing the optimisation



of intelligence to improve service delivery Recognising the **learning and development needs** of the workforce

Continue to **use our digital health blog and website** pages to disseminate progress



Planned spread: This project maintains a local delivery focus during 2017/18, however, we will regularly share our progress and outputs with NHSE, southern region, national AHSN informatics leads and key stakeholders

Transition plan: At present, the programme is planned to run until the end of 2019. At the point where the AHSN need to move away from this programme, it will be the role of the OI board to agree the transition strategy



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Wessex International Healthcare Consortium

2016/2017 saw programme set up completed. For 2017/2018 we need to learn what to spread and how

Innovators Early Adopters Early Majority Late Majority Late Adopters



Context

High-growth countries are embarking on large programmes of healthcare reform which creates new opportunities for partnerships with UK healthcare institutions and organisations

Wessex international Healthcare Consortium (WIHC) is **ground-breaking** in its approach.

We are the **first NHS consortium** to organise ourselves to respond with a **whole health community offering**



This will support exports and inward investment.



International activity will bring opportunities for fresh research and learning and the potential to strengthen Wessex's recruitment and retention.



Achievements



Representation across **all four counties** of the Wessex region on the WIHC Advisory Board



Wessex International Healthcare Consortium

We are a founder member of **UKIHMA**



Developed **strategic partnership** with Healthcare UK and Department of International Trade



Department for International Trade

HealthcareUK

Networks developing in international target markets



WIHC has responded to **five relevant international opportunities** on behalf of members

Developing collaborations with Bournemouth University's **BU Chinese Innovation Hub and the UK ASEAN Business Council**



Planned Impact 2017-18

Generate **new inward investment** into the Wessex region and UK Plc



Providing opportunities for international organisations to showcase products and services that could improve patient care and generate NHS cost savings

Increasing cohesion amongst AHSN members to **internationally export** high quality, safe services and products

Increasing and developing local workforce through exchanges / placements with international customers



Supporting local businesses to win commercial health and life science contracts overseas, bringing new investment to the UK



Planned spread:

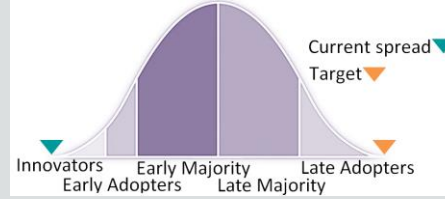
- Developing cohesion with other AHSNs to strengthen international consortium
- Working collaboratively with Department for International Trade and global healthcare organisations

Transition plan: Does not currently apply



Wessex
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Science Network

Centre for Implementation Science



Context



The Centre for Implementation

Science (CIS) provides research and analysis for health and social care improvement programmes, putting evidence into practice and increasing impact for the benefit of people in Wessex.

CIS provides an integral link that brings together expertise from the five Wessex universities, AHSN partners and national organisations.

We **analyse data to produce health intelligence** and create interactive tools to support health care improvement across Wessex.

We **evaluate change and improvement programmes**, and improve the knowledge, capacity and capability of successful implementation amongst our staff and member organisations.



Achievements

Operational research and analytics **adopted across Wessex** as a method to support cancer pathways and health services redesign, as recommended in the FYFV

Shared our work on **endoscopy service capacity** modelling with NHSE

Joint venture between Wessex CLAHRC, University of Southampton CORMSIS and CIS **aiming to develop skills** in data analytics, simulation and modelling for NHS Trusts' and CCGs' employees over a 12-month period



£2,000 awarded from the Southampton Data Science EPSRC Institutional Sponsorship programme

Created an **interactive online data visualisation** of cancer waiting times



Academic papers submitted to the Journal of Criminological Research, Policy and Practice, and Open Medicine Journal

Published COPD and ASTHMA online dashboards



Presented our projects at **four conferences**

Successfully completed two evaluation reports on NEHF Vanguard programme



Planned Impact 2017-18



Publish peer-reviewed publications (two per researcher)

Complete two independently contracted programme evaluation projects



Complete a project in each county area of Wessex (Hampshire, IoW, Dorset, and South Wiltshire)



Implement changes to the University of Southampton teaching **curriculum** (under- and post-graduate courses)

Raise our profile through **digital content** and **online marketing**



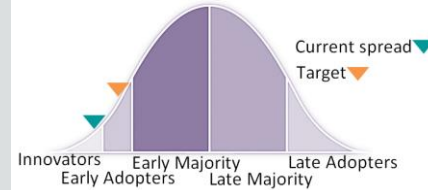
Planned spread: We plan to bring together our learning from completed evaluations by Oct-17 (top match the start of the academic year) as a saleable package

Transition plan: CIS is part of our core business and offering. All evaluations and publication will be delivered before the end of Mar-18



Wessex
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Science Network

Vanguard evaluation and replication of New Models of Care



Context

We were appointed as the **independent evaluation partner** to **Happy, Healthy, at Home** (North East Hampshire and Farnham) and **My Life a Full Life** (Isle of Wight)

My life a full life



Evaluations are **informed by Logic Models** and 'deep dives' into a range of New Care Models



Why evaluate?

- What has worked/not worked?
- Why did it work/not work?
- Can others benefit?

We use **mixed methods**, including patient and staff reported outcomes (R-Outcomes), team evaluation,

quantitative analysis of service activity and health care use, and economic modelling of cost benefits, with the aim of attributing measured outcomes

Each new care model is defined by a set of **'active ingredients'** to facilitate replication and spread

The 'Active Ingredients' that Support this Model

- Co-Production and Co-Delivery.
- Providing Psycho-Education – learn how to manage things differently.
- A focus on the students own goals.
- A broad prospectus that doesn't focus on what is wrong – but is holistic.
- Connecting with local communities and local partners.
- Providing courses in community settings – church halls, community centres.
- Building collection of outcome measures in from the start

We work with the Vanguards to **disseminate the learning about what works** and plan for scaling up and spread



Achievements



Evaluation Symposium
Welcome and Introduction

Successful delivery of the first North East Hampshire and Farnham (NEHF) Vanguard Evaluation Symposium

10

completed evaluations, comprising three for West Hants CCG, and seven for NEHF



Dissemination of impact statements (flash cards or case studies), comprising one for Care Navigators in Eastleigh, and one for the North East Hampshire and Farnham Recovery College



Planned Impact 2017-18

Robust New Care Model evaluations that demonstrate whether a NCM is (or is not) beneficial, and how this can be replicated



Communication of evaluation findings to NHS England National NCM team and other Vanguards, by delivering six evaluation symposia

My life a full life



Publication of at least 10 impact flash cards from the evaluation findings



A raised profile of evaluation outputs and learning nationally - we aim to present at least 3 national events



Planned spread: We are developing capability in evaluation methods, analysis and reporting. This provides opportunities for us to spread by attracting and tendering for further work

Transition plan: Our contractual arrangements with Vanguard Programmes influence when our evaluation work will end. Currently, contracts run until Jun-17 for NEHF, and Nov-17 for the IoW



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Science Network



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Sources of funding

Potential income 17/18	£'000
NHSE 17/18	£ 1,920
PSC	£ 373
Members' fees	£ 312
Other	
R&D claim (est)	£ 130
New income	£ 648
Deferred income	
Deferred existing programme income	£ 403
Contribution to overheads from the Clinical Senate	£ 9
Balance Profit and Loss reserve	£ 209
	£ 4,004

Resourcing the plan

Programme	2017/2018 Programme Budgets	
Clinical Programmes		
Alcohol	£	93,078
Atrial Fibrillation	£	109,739
Dementia	£	20,700
Extended Primary Care	£	107,362
Frailty	£	102,005
Medicines Optimisation	£	195,332
Mental Health	£	124,608
National Medicines Optimisation	£	96,000
Nutrition	£	110,704
Personalised Medicine and Genomics	£	29,666
Respiratory	£	93,137
PSC	£	392,167
Wealth Programmes		
Data-driven, digitally delivered personalised healthcare	£	40,193
Industry and Innovation	£	212,691
Optimising Intelligence	£	64,744
Wessex International Healthcare Consortium	£	86,872
Evaluation Programmes		
Centre for Implementation Science	£	303,890
New Models of Care Evaluations	£	391,167
Corporate Programmes and Costs		
Spread and Adoption	£	87,779
Communications	£	134,000
Establishment	£	1,190,133
	£	3,985,966

Enhancing our capabilities

In the coming year, we need to **develop our own capabilities**, and we have identified two key areas for organisational learning:

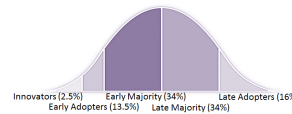
Spread



We will continue to **promote the spread and adoption** of innovative ways of working by:

- **Strengthening relationships** across the system to support diffusion and dissemination of innovation (through for example, our **Locality Account Directors** or working with Vanguards)
- **Co-hosting quarterly Innovation Forums** at members' locations to support learning about implementing and spreading innovation
- Involving industry/academia and health in an exchange of ideas about products in development (Innovation Exchange)
- **Co-creating design principles** with our members to support planning for spread e.g. model for scaling up innovation, implementing disruptive innovation
- **Identifying the 'active ingredients' of New Care Models** to support replication of models that work
- **Disseminating the findings** of evaluations to local, regional and national audiences (Evaluation Symposia)
- **Continuous organisational learning** to inform the evidence base for spread
- **Working with other AHSNs** and national delivery partners to develop insights into the innovation and spread process and support the continuous improvement of the system's openness to innovation.

Transition Planning



As a network with a focus on adoption of innovation and spread, there comes a time when the focus shifts to “business as usual.”

In a highly stretched service, there is always a risk that the AHSN's involvement overstates its true value and impedes the full transition of adoption and spread to “business as usual.”

We will explore and develop with our members new ways of managing the transition from adoption, testing scalability and spread to handover to appropriate partners to complete spread and/or run as business as usual.





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Assessing Adoption

The denominator for measuring adoption of a programme will differ for each programme due to the nature of the programme, and the types of stakeholders being engaged.

For example, the dementia i-Space programme has a count of one for completing the programme with a GP surgery, while another programme may be looking to achieve engagement with a certain proportion of the local population diagnosed with a certain medical condition, while a different programme may be looking to achieve 100% engagement and completion with one cohort (primary), and only 50% adoption with a second cohort.

During quarter 1 of 2017/18, we will look to establish appropriate denominators for programmes to which the measurement of spread applies.





Wessex
Academic Health
Science Network

Wellbeing and Wealth

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