

A prospectus of opportunities: how our plans can support your plans

Business plan 2018-2019



**West of England AHSN
Business Plan 2018-19**

Contents

Introduction	4	Citizen empowerment	18
Outline plan	5	Evidence and research	19
Building on our success - a new licence for AHSNs	6	An effective network	20
Delivering the business plan	7	• Why we have been effective	20
The NHS landscape	7	• Governance	20
Creating an ecosystem for innovation	8		
• Economic growth	9		
• Innovation exchange	10		
• MedTech	10		
Realising the potential of digital	12		
• Diabetes Digital Coach	13		
Exemplars for service transformation	14	Appendix one:	
• Quality improvement	14	Local engagement	22
• Genomics	14	Appendix two:	
• Medicines optimisation	15	National innovations to be supported by AHSNs in 2018/19	24
• Patient safety	16	Appendix three:	
• Community Education Provider Networks	17	Schedules illustrating member organisation engagement	26



Introduction

This is our proposed business plan for 2018/19. It marks the start of a new five-year licence period for us and all Academic Health Science Networks (AHSNs). During our first five years, thanks to the engagement and work of our partners, we had significant success in developing exemplar patient safety and quality improvement, and crucially in successful adoption and spread.

Over the next period we recognise the vital need to stay relevant and engaged with our all of our local partners. We are a complex yet effective network and Sustainability Transformation Partnerships (STPs) will enhance this, but to deliver innovation and improvement we will need the support and engagement of all our local organisations.

As part of a national network of AHSNs, we also recognise the need to make one consistent national offer that recognises national priorities and can help to facilitate the adoption and spread of innovation and improvement countrywide.

In this plan you will see our work organised under nine thematic areas, which have been nationally agreed. We have grouped some of these together as we see clear links between them. We would like to hear your thoughts on what we have planned.

Remaining an effective network will be vital to our continued success. From the outset we have been designed to be dynamic and responsive. Academic evaluation has shown that we have been just that; spanning boundaries, building social capital, engaging and empowering clinicians

and citizens to support and champion innovation. This has been shaped by our board of directors, drawn from all sectors and geographical areas across our patch. Their leadership has been vital.

During the next licence period we would like to widen and deepen the involvement of senior leaders in guiding, sharing and championing our work. To do this we are looking to establish a Stakeholder Council, but only if our stakeholders see value in it.

So please take a look at what we have planned. We hope you recognise some of the work outlined and learn a little more about us as well. If there are terms, or areas of work that are new to you, you should find more explanation in the glossary that accompanies this document.

In sharing this plan we'd like to acknowledge the input of our member organisations. We have shared draft versions of this plan with the providers and commissioners of NHS care in Gloucestershire, Bath and North East Somerset, Swindon and Wiltshire and Bristol, North Somerset and South Gloucestershire, as well as the Universities of Bath, Bristol and the West of England. We also shared it with key partners: NHS England, NHS Improvement, the Office for Life Sciences, Health Education England South West, CLAHRC West, our local Clinical Research Network and the three Strategic Transformation Partnerships (STPs) in the West of England.

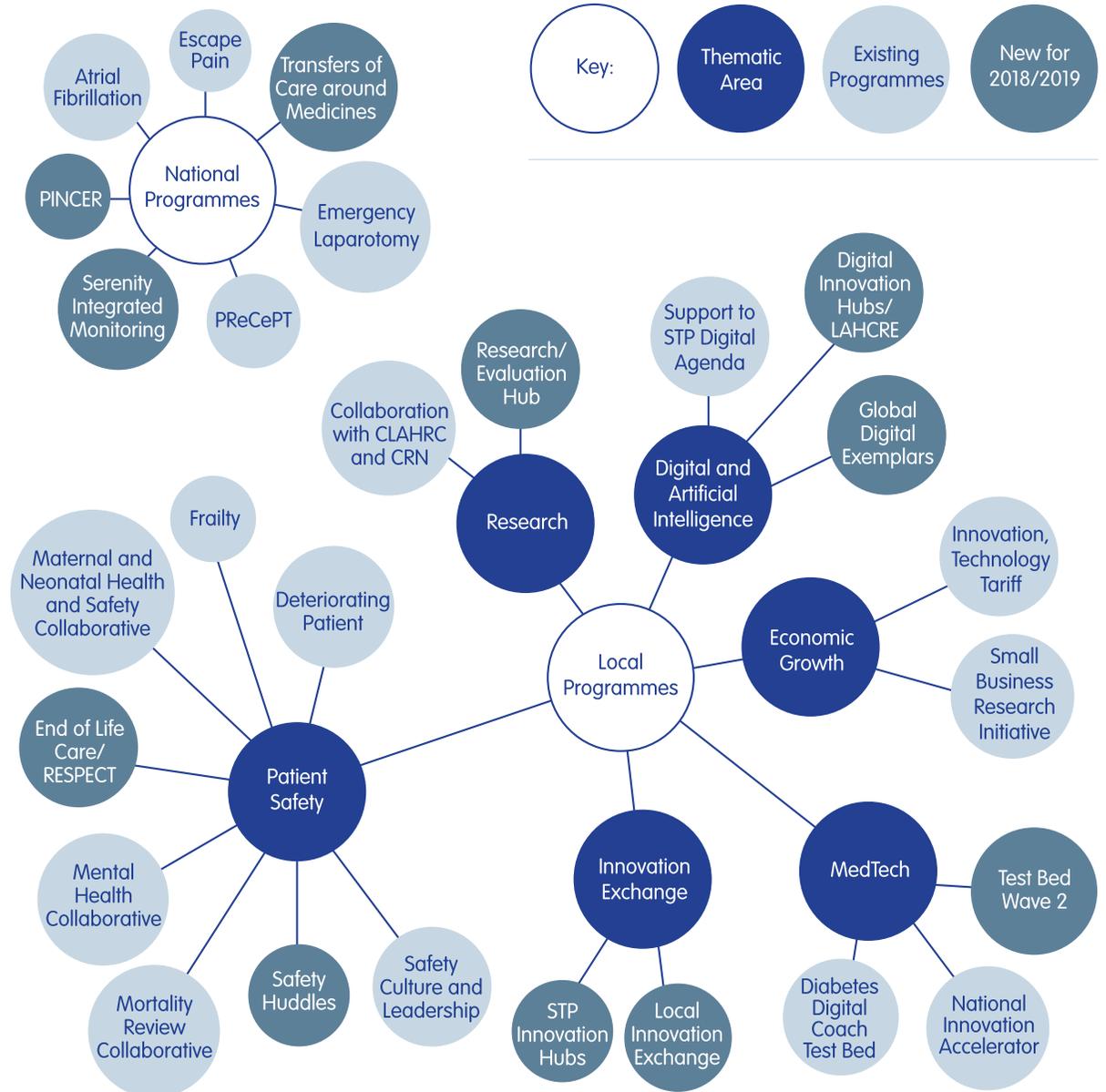
The constructive engagement of our members has been central to the development of our plans, and it is through them that they will come to life.

Outline plan

Illustrated here are seven national programmes as well as our local programmes grouped by thematic area.

The seven national programmes have been listed as either 'existing' or 'new' programmes of work. This recognises that in the West of England, some of the programmes of work are already underway, whilst some will be new for 2018/19. All 15 AHSNs will take forward these areas. These programmes of work have been identified as those with a good evidence base for wider national adoption and spread; and which will bring significant benefits realisation and return on investment into the system.

Our local programmes all feed into at least one of the national themes that will guide work across the wider AHSN Network.



Building on our success

- a new licence for AHSNs 2018-2023

The AHSNs were commissioned by NHS England for an initial five-year period from 2013/14 to 2018/19. This five-year licence is being renewed with three commissioners – NHS England, NHS Improvement and the Office for Life Sciences, who recognise the value that AHSNs have brought in terms of stimulating innovation in the NHS, embracing digital, MedTech and clinical pathway innovation.

The West of England AHSN is recognised as one of the most effective AHSNs in supporting innovators and stimulating innovation, in developing exemplar patient safety and quality improvement, and perhaps, most importantly, in successful adoption and spread.

This has been possible because of strong senior engagement from chief executives, accountable officers, executive and non-executive directors across West of England organisations, creating system wide commitment matched with diverse clinical leadership to guide our core AHSN staff team.

For the second AHSN licence, our national commissioners want to exploit the potential of a national network that is able to make one consistent offer across the network of 15 AHSNs. This will strike a balance in favour of national priorities and facilitate the adoption and spread of the best innovations and improvements.

The new licence is currently structured under these nine thematic areas:

Nine themes for the new licence for AHSNs

MedTech

Economic
Growth

Innovation
Exchange

Patient
Safety

Medicines
Optimisation

Quality
Improvement

Digital and AI

Genomics and
Diagnostics

Research

We are clear that in our second five-year licence period we need to continue to be relevant to, and secure extensive engagement from, all health organisations and our three universities. STPs are vital partners, but we will not be able to deliver system wide innovation and improvement unless we can command the discretionary effort of all our local organisations.

Delivering the business plan

The second AHSN licence requires both continuity and evolution in how we work.

The aspects we intend to continue are:

- A small workforce, with the ability to draw in secondees or fixed term contractors
- Clinical leaders drawn from all sectors and geographies
- Chief executive/director sponsors for key workstreams
- A strong emphasis on co-production and leadership roles for public contributors, supported by People in Health West of England.

We intend to strengthen:

- Our involvement in the national AHSN Network so that adoption and spread becomes more effective and we can operate, where appropriate, as a single network
- Our programme management arrangements, which are already underway through a new Programme Management Office and the introduction of the Verto system
- Our relationships with our three STPs – with whom we currently have shared project manager appointments.

The NHS landscape

The NHS continues to evolve and the West of England AHSN recognises the need to adapt to this changing landscape which includes:

- Our three STPs – Gloucestershire; Bath and North East Somerset, Swindon and Wiltshire (BSW); and Bristol, North Somerset and South Gloucestershire (BNSSG).
- The NHS England team who support the West of England and the South West Clinical Networks and Senate.
- Health Education England South West with whom we are active partners.
- NHS England South to whom we provide quarterly assurance reports and who support us well. We are also working with their recently formed Regional Medicines Optimisation Committee.
- NHS Improvement, who commission our Patient Safety Collaborative, and whose regional team work with us on patient safety issues.
- South Central and West Commissioning Support Unit with whom we have many common interests.

We have many partners at local and regional level, including our West of England Clinical Research Network, CLAHRC West, and three Local Economic Partnerships.

Creating an ecosystem for innovation

Covering themes on Economic Growth, MedTech and Innovation Exchange

Innovation is at the heart of our mission to deliver a modern, constantly improving healthcare system for the West of England. We support collaborations between our health service community, industry, the third sector and universities. We work with healthcare providers to identify key challenges and then connect them with businesses that can provide or develop a solution.

We already work with NHS England, the Office for Life Sciences and other Government departments on a number of initiatives to promote innovation, support entrepreneurs and speed up the adoption of innovation across the NHS. The table opposite outlines some of the initiatives we support and/or manage. Also see Appendix One for local engagement to date and Appendix Two for the current schedule of nationally selected innovations to be offered by AHSNs.

Our unrivalled knowledge of the Health and Life Sciences business sector in the West of England allows us to articulate clinical needs and match them with innovative solutions. We also support feasibility studies, product development and evaluation. We work closely with our healthcare providers to involve patients and the public in the innovation process so that new services and products introduced in the future are user-led.

Initiative	How it works
Accelerated Access Pathway /Collaborative	National process for horizon scanning for the most promising innovations and smoothing their routes to adoption, via a multi-agency partnership, the Accelerated Access Collaborative.
Small Business Research Initiative (SBRI)	Well established Treasury funded scheme to support early stage development of innovation. Driven by clinical needs and assessed by clinicians. Currently being reviewed.
Innovation and Technology Payment (ITP)	The ITP programme builds on the Innovation and Technology Tariff and aims to support the NHSE in adopting innovation by removing financial or procurement barriers to uptake of innovative products or technologies. National scheme running from April 2017-March 2019.
Innovation Exchange builds on our local Business Assist programme	Standardised local arrangements will support innovators, clinicians and patients to navigate the NHS innovation landscape, will increase AHSN capacity and capability to assess the local value of new technologies and promote diffusion of those products that deliver real benefits to patients.
NHS Innovation Accelerator (NIA)	Selects entrepreneurs as fellows and helps them develop and promote their innovation. Third cohort announced January 2018.
NHS Test Beds	Seven exemplar Test Beds selected who offer 'combinatorial' innovation. May be extended from April 2018. May be a second wave.
Digital Innovation Hubs / Local Integrated Care Record Exemplars (LICREs)	Two to five Digital Innovation Hubs to be announced using populations of three to five million people to generate real world data, capable of whole system interrogation for research. LICREs aim to accelerate the coverage of interoperable care records and their use for longitudinal care and care coordination.

Economic growth

Since our inception we have worked with the three Local Economic Partnerships (LEPs): Gloucestershire, West of England, and Swindon and Wiltshire. We are in dialogue with each one about local priorities. We also initiated a series of meetings between the AHSNs in Wessex and South West and their LEPs to explore how collective action could have a multiplier effect. These discussions will continue into 2018/19.

The activities that interest LEPs in terms of business assistance to companies, leveraging investment and creating jobs are those which NHS England wish to commission. They are complementary to the functions of Innovation Exchanges described on the next page.

We are working in partnership with Wessex AHSN and Wiltshire Council to deliver the Swindon & Wiltshire Health & Life Science Hub, a £1 million business acceleration programme, which is funded by European Regional Development Fund (ERDF).

In partnership with West of England LEP we hope to deliver a new 'Health Tech Accelerator' programme also supported by ERDF and supporting the local Innovation Pathway.

In 2018/19 and beyond we intend to continue to work with LEPs on local economic growth. We are also keen to continue to explore the potential for a Wessex / South West / West of England LEP and AHSN collaboration

As part of our support to Local Economic Growth we will continue delivering our entrepreneur boot camps - the Health Innovation Programme (HIP). We developed HIP in collaboration with South West, Kent Surrey and Sussex, and Wessex AHSNs. It has seen three cohorts of health innovators develop and present their business ideas. A rich mixture of healthcare sector delegates have attended, including NHS clinical and non-clinical staff, university, local industry and public. The Small Business Research Initiative (SBRI) can be seen as a vehicle for local economic growth and as a national programme aligned to Innovation Exchanges.

We have actively supported the SBRI programme in which clinicians articulate NHS needs and entrepreneurs respond. Early stage development proposals are selected and given initial funding and development support.

The clinical challenges we led and supported were:

- Patient Safety & Patient Monitoring, Autumn 2013
- Improving medicines adherence, Spring 2014
- Innovation in Child & Adolescent Mental Health Services, Autumn 2014
- Faecal and urinary incontinence in frail elderly people, Spring 2015
- Reducing Pressure on Urgent and Emergency Care, Autumn 2015
- Improving patient flow to maximise operational efficiency in the Acute Sector, Spring 2016
- General Practice of the Future, Autumn 2016
- Mental Health, Autumn 2017.

This programme is under Government review and we would be keen to support a successor programme.

MedTech

AHSNs have built a productive relationship with the MedTech industry during their first licence and have supported the adoption of MedTech products into the NHS. For the second five-year licence period we will continue to work with the Office for Life Sciences and NHS England on better market shaping and aligning levels and incentives.

Locally we work closely with SETsquared, the local university business accelerator programme, and we also have a MedTech Investor Showcase which we operate with them and with our neighbouring AHSNs - Kent Surrey and Sussex, Wessex, and South West.

We also work with local incubators such as:

- Health Tech Hub at 'Future Space' on University of the West of England campus.
- The University Research Collaborative - GW4 (Bath, Bristol, Cardiff and Exeter)
- SPHERE smart homes programme, University of Bristol
- MRC centre for integrated epidemiology, University of Bristol
- Bristol Robotic Laboratory, University of the West of England.
- Elizabeth Blackwell Institute, University of Bristol
- Designability, University of Bath.

Innovation Exchange



From 2018 all AHSNs will offer a standard set of business development support, the 'innovation pathway'. This will facilitate a more standardised approach to business assistance for innovators irrespective of geography.

The core functions will include:

- Identifying health needs and communicating demand – helping innovators understand where the healthcare demands are and the level of evaluation and evidence required.
- Signposting – matching innovations to local healthcare challenges, finding early adopters and advising on adapting solutions for better fit.
- Evaluation in practice – creating evidence to support adoption and spread.
- Adoption and spread of innovation locally, regionally and nationally.

The most promising innovations may be nominated by the AHSN Network for consideration by the Accelerated Access Collaborative. The table outlines the different levels of support and engagement we provide. We are now taking this approach across the entire organisation.

We are keen to work with STPs to identify where they see an unmet need which innovation can meet and also to let them know of innovations which may fit their priorities. This is described as the push and pull model for innovation. We will discuss with each STP what form of dialogue is most useful to them, perhaps building on our successful 'link director' model and our STP project managers to create a virtual 'Innovation Hub'.



Realising the potential of digital

Covering the national Digital theme and our local Diabetes Digital Coach Test Bed

The aim of the national AHSN digital workstream is to support the digital strategy of the NHS by helping to speed up the process of learning, optimising and supporting the uptake and spread of digital solutions where benefit is clear.

Regionally, we have the opportunity to partner with our colleagues in South West AHSN, our universities, South Central and West Commissioning Support Unit and a number of other partners to bid for a 'Digital Innovation Hub' and a 'Local Integrated Care Record Exemplar' (LICRE) based on a population size of three to five million. Digital Innovation Hubs are designed to support population analytics for research, commissioning and commercial use based on common standards on interoperable data across whole health systems.

NHS England is due to issue a call for expressions of interest in LICREs in February 2018. Successful applicants will be collaborations with relatively mature care records sharing and the ability to move to large scale interoperability of patient records. The emphasis of LICREs is likely, initially, to include a focus on longitudinal care records and care co-ordination.

We believe that contributing to a Digital Innovation Hub or LICRE will be of great value to our local health organisations and STPs in planning and commissioning services and interventions for their populations and we will work closely with them in 2018/19 and with our university colleagues who see these as important strategic opportunities.

Locally we want to work with our three STPs to realise their digital ambitions, and provide practical support to accelerate the uptake of digital solutions.

This could include:

- Helping NHS partners articulate demand
- Undertaking market reviews
- Helping partners select appropriate solutions
- Assisting with real world testing and evaluation
- Supporting digital health innovators
- Promoting evidence based solutions, including those on the NHS Innovation Accelerator (NIA), Innovation Technology Payment (ITP) and other NHS accelerator programmes
- Building on the successful Creative England partnership which saw £1m invested in digital media companies with a programme specifically to address STP needs
- Empowering the West of England network of Chief Clinical Information officers (CCIO) and Clinical Information Officers (CIO) to share learning across STPs and creating the environment for adoption and spread of digital tools
- Sharing learning from the Global Digital Exemplars.

The West of England has 100 companies working in digital health and care technology, informatics and life sciences, particular in Corsham in Wiltshire and Bristol. This is a significant focus for us to build on.

We believe that from 2018/19 it will be valuable for us to develop a local digital evaluation framework, supported by academic capabilities, to support fast track introduction of digital innovation.

Diabetes Digital Coach – the West of England Test Bed

Of the seven NHS Test Beds in England, the West of England’s Diabetes Digital Coach is the only one run by an AHSN. Test beds were conceived as exemplars in ‘combinatorial innovation’. We have worked with Diabetes UK, local people with diabetes, and a range of companies to create a single sign-on platform, through which people with type 1 or type 2 diabetes can self-manage their condition, view insights on a personalised dashboard, and share them with professionals, family or friends.



So far we have tested individual apps with over 800 people with diabetes. We are working with CCGs, NHS trusts and providers of community services across the West of England to understand how to make the Diabetes Digital Coach really useful. We are learning many commercial lessons along the way. The Coach may develop into a product to be commissioned by CCGs or used by individuals.

We are launching a social media campaign, and from March 2018 we will enrol people with diabetes across England to use the Diabetes Digital Coach and give us feedback. Patient Reported Outcome Measures are built into our platform and we have commissioned a company called RSM (who also evaluate the national diabetes prevention programme) to evaluate our scheme.

We expect to be invited to apply for an extension to the programme and we would like West of England organisations to promote it to people with diabetes. We are in discussion with Gloucestershire CCG, sponsors of this Test Bed, about using the Coach as a key part of their Person Centred Care strategy. We are also working with the Global Digital Exemplar at University Hospitals Bristol, and Connecting Care, the BNSSG interoperability programme to create a live interface between Diabetes Digital Coach and clinicians.

We invite all West of England organisations to become involved in the Diabetes Digital Coach in 2018/19

Exemplars for service transformation

Covering Quality Improvement, Patient Safety, Medicines Optimisation, Genomics

We will build on strong foundations from the last five years to develop system wide capability in the West of England for both staff and patients in quality and safety improvement. Supporting system and service transformation is high on our agenda, and we plan to focus on the following key areas: Quality Improvement, Genomics, Patient Safety, Medicines Optimisation, and Community Education Provider Networks.

Quality Improvement

We have supported the development of STPs through bespoke improvement offers that recognise each STP was at a different state of developing their Quality Improvement capability. The 'One Gloucestershire Improvement Academy' programme was launched during 2017/18 and the model is being adapted and built on by BNSSG and BSW STPs. We will continue to support the STPs in developing their improvement capability.

We were one of three AHSNs selected to launch the Health Foundation's Q programme. This recruits, develops and supports a cohort of senior Quality Improvement (QI) practitioners capable of leading Improvement projects. We have 127 local Q members and have piloted a Q 'commons stewardship' approach with the Health Foundation to ensure the Q cohort is sustained, developed and increased over time.

PReCePT was one of our first QI projects, which used magnesium sulphate to help protect against cerebral palsy in very pre-term babies. Led by Dr Karen Luyt of University Hospitals Bristol, all five obstetric units in the West of England

were supported to participate. They significantly improved the uptake of magnesium sulphate and have sustained the improvement since.

The Health Foundation is now supporting PReCePT2, a 'Scaling Up' project in which 10 further obstetric units around the country will adopt the project with varying degrees of direct QI support. We are part of the team supporting PReCePT2. Discussions continue with NHS England around commissioning the whole AHSN Network to offer PReCePT3. This would extend the project across England, potentially preventing as many as 700 babies a year from being born with cerebral palsy.

Genomics

Continued advances in genome sequencing and diagnostics will rapidly change risk profiles, prevention strategies and treatment profiles worldwide.

In England, AHSNs have partnered with Genomic Medicine Centres who are delivering the 100,000 Genomes Project. We have a strong relationship with the West of England Genomic Medicine Centre, having been actively involved in their development and continuing to deliver the patient and public involvement strand of their work.

In 2018/19 we will support the West of England Genomic Medicine Centre to maximise recruitment of patients and meet its delivery targets. Beyond that, we will remain active partners and hope to be able to support opportunities for radical new clinical pathways or prevention programmes based on learning from the 100,000 Genomes Project.

Medicines Optimisation

We have already delivered two medicines optimisation projects, which have been selected for national rollout in the second licence. We are now considering adopting aligned medicines optimisation work previously led by other AHSNs - namely PINCER and polypharmacy.

Detection and treatment of atrial fibrillation

'Don't Wait to Anticoagulate' was piloted from 2015 and then spread as a methodology to review and optimise the care of people with atrial fibrillation (AF) at GP practice level. Involving people with AF and user groups, and in partnership with Gloucestershire and Bristol CCGs, we have reviewed over 4,000 patients, preventing a potential 27 people from having strokes, and optimised care for over 500 people.

We are also part of an NHS England initiative, which sees AHSNs distribute mobile ECG devices for use in primary care to detect arrhythmias including AF. There are estimated to be 17,000 people with AF who are undiagnosed in the West of England.

In 2018/19 we propose to work with BNSSG STP who wish to deliver a new primary care workforce model, which uses healthcare assistants to work directly with patients on health issues including raised blood pressure and atrial fibrillation.

Transfer of Care around Medicines

Since 2015 we have worked with Local Pharmaceutical Committees and NHS trusts to use PharmOutcomes, a secure electronic transfer system for hospital discharge summaries to be transmitted to community pharmacies. The benefits include improved patient satisfaction, improved patient safety and fewer readmissions to hospital. There are also reductions in waste and in pharmacist time.

Initially implemented in BNSSG, we commenced deployment of Transfer of Care around Medicines to Gloucestershire and BSW in 2017/18 and propose to continue the project in 2018/19.

PINCER

PINCER is a national programme we are considering adopting locally. It is an audit software package which allows GPs to review patient records and identify possible prescribing errors. Developed by the University of Nottingham, it has been shown to be effective in reducing the range of clinically important and common medication errors when combined with a pharmacist to undertake the reviews.

In 2018/19 we will work with CCGs and pharmacy leads to pilot and then extend the use of PINCER across West of England GP practices. We could start this in one STP or CCG and others will be able to join as fast followers.

Polypharmacy

Working in collaboration with the Chief Pharmaceutical Officer and the Medicines Value programme, the AHSN Network will develop a programme for reducing problematic polypharmacy in 2018/2019. The programme is likely to establish systematic multi-disciplinary medication reviews in settings such as care homes, develop more patient-centred care, delivering savings from reduced levels of prescribing, reduced medication waste and an impact on avoidable admissions. Our Medicines Optimisation steering group will consider opportunities for reducing polypharmacy with our local practices and through this structure will contribute to the development of the national programme.

Patient Safety

NHS Improvement is the commissioner of the 15 Patient Safety Collaboratives (PSCs), each coordinated by their local AHSN. Three national priorities have been agreed for all PSCs for 2017/18 and 18/19: Maternity and Neonatal, Deterioration and Culture. We are developing local work programmes to support these national priorities.

Maternal and Neonatal

Our Maternal and Neonatal Health Safety Collaborative focuses on improving outcomes and reducing unwarranted variation, including stillbirths, neonatal death and brain injury. The programme will be delivered through QI coaching, culture surveys and support to communities of practice working with the five obstetric units in the West of England.

Deterioration

The national programme has a target of achieving 100% coverage of the National Early Warning Score (NEWS) in acute hospitals and ambulance trusts, supported by high levels of accuracy and escalation response. In the West of England we have already implemented this as part of our Deteriorating Patient Programme in 2015/16 and since then we have supported whole system use of NEWS via health community (STP level) groups. This has led to extensive use of NEWS in primary care, out-of-hours services and hospital interface services such as GP support units, community services and mental health settings. We will continue to embed the use of NEWS as a common language to support early identification and response to the deteriorating patient.

The other elements of our Deterioration Programme are:

- Emergency Department (ED) Patient Safety Checklist – a qualitative evaluation by CLAHRC West of our work to spread the checklist across the West is due to be published early in 2018. Our priorities for 2018/19 are to sustain use of the checklist in West of England trusts through our ED Collaborative and to continue to support national uptake of the checklist in partnership with NHS Improvement.
- Paediatric Emergency Department Checklist – an ED checklist for children has been developed and is being tested at Bristol Children’s Hospital. We expect to extend this across the West of England in 2018/19.
- Emergency Laparotomy Collaborative – whilst this programme is now complete our surgeon, anaesthetist and nursing colleagues are keen to sustain their collaborative working during 2018/19.
- Learning from Deaths Collaborative – this was formed to support implementation of the nationally recommended ‘structured judgement review’ methodology in acute hospitals. We have shared best practice, trained clinical reviewers and collectively considered the emergent themes. In 2018/19 the reviews will become established and our Collaborative will identify themes that present opportunities for future improvement projects, such as End of Life Care.

We are keen to expand this work so that community and primary care colleagues can consider the issues that arise for out-of-hospital care as well as thinking holistically about learning from deaths.

Culture

Key priorities for Patient Safety Collaboratives nationally are:

- Raising awareness of the relevance and impact of culture on safety
- Building capability for developing safety culture
- Influencing and creating the conditions to allow a safety culture to flourish.

Locally we are developing safety culture plans that build on our work since the inception of the Patient Safety Collaborative.

We are keen to continue two existing programmes:

- Primary Care Collaborative – we are supporting practices across the region to develop a safety culture. Over 2016/17 and 17/18 we have worked with two cohorts of GP practices and plan to extend this work
- South of England Mental Health QI and Safety Collaborative – we have supported this programme since 2014/15 and continue to see value in its ability to build QI capability and support safety culture.

In 2018/19 we would like to develop three new themes in our Patient Safety Collaborative:

- Frailty - we have convened a focus group and expert reference group on frailty and have established a Community of Practice.
- End of Life Care / RESPECT – in 2018/18 we will investigate the potential to adopt and spread the RESPECT programme across the West of England. This process creates a personal plan for care before a person is unable to express their choices and may reduce demand for urgent secondary care services.
- Safety Huddles – we are interested in exploring the use of safety huddles in primary care and community services and will scope the appetite for this.

Community Education Provider Networks

We have been working with our partners at Health Education England on Community Education Provider Networks since 2016/17. Our role has been to establish and support these networks of primary care and community staff which reflect our three STPs and form part of their workforce planning.

Community Education Provider Networks exist to develop new models of primary care workforce to support delivery of primary care.

Five active networks have been established in the West of England:

- Bristol, North Somerset, South Gloucestershire (BNSSG)
- Bath & North East Somerset (via Bath Enhanced Medical Services)
- Wiltshire
- Gloucestershire
- Swindon

If Health Education England South West are able to fund CEPNs in 2018/19 we will continue to support their development, sharing the learning across the West of England STPs and the wider South West.

Citizen empowerment

Covering our approach to citizen empowerment and 'hyvr', our new social engagement tool

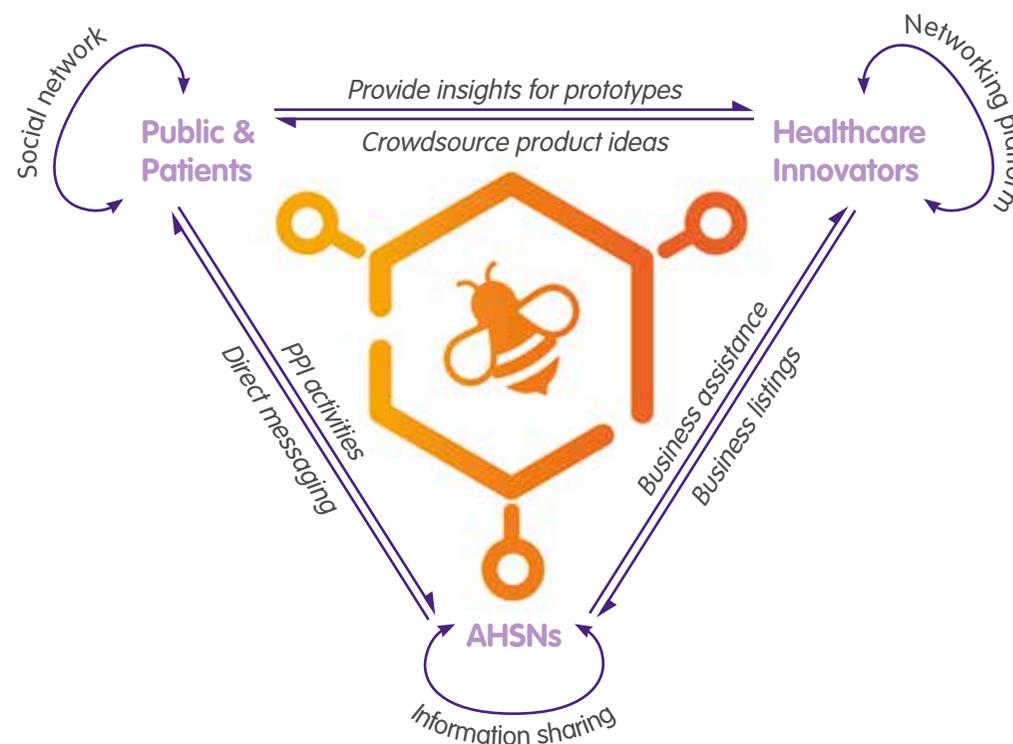
At the West of England AHSN we have seen the power of, and the necessity for, empowering citizens from the outset and taken every opportunity to build it into our work from our 'Design Together, Live Better' programme to the Diabetes Digital Coach and our Patient Safety programmes.

We launched our new social engagement platform *hyvr* at our annual conference in November 2017. This allows the public and patients/healthcare innovators and the AHSN to communicate with each other. It provides the opportunity to test prototypes for innovations and we believe it might also be useful for testing ideas and for public engagement by our member organisations.

Based on the concept of swarm intelligence, *hyvr* could well be the first platform to specifically drive innovation by combining social networking, co-production and co-creation. We have developed it specifically as a digital engagement tool. It allows us to communicate directly with healthcare stakeholders in a range of different ways, while also providing a useful and versatile system for users themselves.

The *hyvr* system is built around hives, dynamic social groups that users can search and join. For instance, a user may subscribe to the 'asthma' hive to discuss and share experiences and thoughts on that topic with peers and experts.

The best way to find out more about *hyvr* is to sign up to the site www.hyvr.co.uk.



Evidence and research

Outlining how we will sustain our approach to using evidence and the Research theme

The West of England AHSN has led an evidence-informed commissioning workstream since 2014/15 with active support and involvement of all CCGs. It has included the development of online evidence and evaluation toolkits, a range of capability building workshops and several cohorts of Clinical Evidence Fellows, whose development has been supported by Health Education England South West.

During 2017/18 and in 2018/19 we will continue to work with our CCGs to make the Clinical Evidence Fellowship programme sustainable for the future.

We have a close partnership with the West of England Local Clinical Research Network and in 2018/19 we will focus on:

- Supporting the engagement and participation of primary care
- Identify locally led and completed NIHR portfolio studies with potentially high value research outputs suitable for further evaluation or implementation
- Developing a collaborative approach to working with industry using the AHSN Innovation Pathway or similar.

Our partnership with CLAHRC West has grown over the last four years and we now have a series of AHSN projects that they have evaluated, providing useful lessons for wider adoption and spread. We have also been able to signpost our members to relevant CLAHRC West projects, such as their review of GP online services.

We have developed good relations not only with CLAHRC West but also wider evaluation partners in the West of England.

In the next five years we want to build on these to create an Evaluation Hub which will form part of our Innovation Exchange. It will bring together a range of specialist skills knowledge and resources to support healthcare innovators.

We will also continue to work closely with the wider research infrastructure in the West of England across our three research-active universities.

An effective network

Why we have been effective

At the inception of AHSNs we recognised that this national initiative provided a unique opportunity to study a complex network and that it was important for us to evaluate the West of England AHSN over its five year licence. We commissioned Professor Christine Harland, then of the University of Bath, to lead a team of researchers and over the last five years they have looked in detail at case studies from our Enterprise, Improvement, Patient Safety and Public and Patient Involvement workstreams. They reported back at our 2017 annual conference and will publish their findings in 2018.

The key messages about the West of England AHSN as a complex network are that we:

- act as a boundary spanner
- direct, coordinate and motivate
- engage clinicians as gatekeepers
- have used clinicians to champion, support and diffuse innovation
- are a network orchestrator – whose role changes through the life of a project
- build social capital - individuals are able to exploit connections they made previously through the AHSN
- operate at multiple levels – individual / organisational / network / community
- build in citizen empowerment, co-production and patient and public involvement

Governance

From the start, the West of England organisations shaped the AHSN to be 'bureaucracy-light' so that it could be dynamic and responsive. It was also important to create governance arrangements that allowed for distributed leadership across the geography of the West of England and involving all sectors. We are proud that we are not seen as 'Bristol-centric' or 'acute-focussed'; this is important to being a successful network. In particular we have worked very extensively with CCGs in support of commissioning and planning of services, whole system approaches and the development of primary care.

The West of England AHSN Board

Led by our Chair, Professor Steve West, Vice Chancellor of the University of the West of England, the Board membership is listed on the next page.

Its remit includes scrutiny and assurance of:

- financial, performance and risk management
- development of, and delivery against our strategy and business plan
- equality impact and action.

Board members are required to adopt governance best practice, including upholding the 'Standards for members of NHS boards and CCG governing bodies in England' published by the professional standards authority.

Board members

- Chair (Vice Chancellor of the University of West of England)
- Vice Chair (Chief Executive of RUH NHS Foundation Trust as AHSN host)
- Representative of community health sector (currently CEO Sirona Care and Health CIC)
- Representative from higher education sector (currently Pro Vice-Chancellor Health, University of Bristol)
- Representative of mental health sector (currently CEO, 2gether NHS Foundation Trust)
- Two representatives from clinical commissioning groups (Accountable Officer and Clinical Chair)
- Two public contributors
- Acute sector representative (currently Chief Executive, Gloucestershire Hospitals NHS Foundation Trust)
- Representative from Local Clinical Research Network host organisation (CEO University Hospitals Bristol)
- West of England AHSN Managing Director

Partners in attendance:

- Representative from West of England Local Clinical Research Network (currently Clinical Director)
- Representative from Health Education England South (South West Director)
- Representative from CLARHC West (currently Chair – Director of Public Health South Gloucestershire)

Stakeholder Council

From 2018/19 we would like to reinstate the regular West of England wide leadership meeting, which we held regularly from 2013/14 until the inception of the STPs. Chaired by the AHSN Chair, this comprises senior leaders across the region and enables the chairs, STP chairs, chief executives/accountable officers and senior clinical leaders of our health member organisation members to meet together twice a year.

The Stakeholder Council's remit covers:

- Advice and guidance at a regional level
- Consulting partner organisations around priorities and opportunities
- System-wide ownership and leadership
- Creating dynamic partnerships and agreeing opportunities to work together
- Advocacy for the work of West of England AHSN.

Appendix one: local engagement

Our programmes at a glance - Innovation, Economic Growth and Digital						
	Small Business Research Initiative	Health Innovation Programme	Diabetes Digital Coach	LHCRE	Chief Clinical Information Officer Network	Chief Information Officer Network
Gloucestershire Sustainability Transformation Partnership (STP)						
Gloucestershire Clinical Commissioning Group (CCG)	•		•	•	•	•
Gloucestershire Care Services NHS Trust		•		•	•	•
2gether NHS Foundation Trust	•			•	•	•
Gloucestershire Hospitals NHS Foundation Trust	•	•		•	•	•
Bath and North East Somerset, Swindon and Wiltshire STP						
Bath and North East Somerset CCG		•	•	•	•	•
Swindon CCG		•	•	•	•	•
Wiltshire CCG			•	•	•	•
Wiltshire Health and Care				•	•	•
Avon and Wiltshire Mental Health Partnership NHS Trust	•			•	•	•
Royal United Hospitals Bath NHS Foundation Trust	•	•	•	•	•	•
Great Western Hospitals NHS Foundation Trust		•		•	•	•

Our programmes at a glance – continued

	Small Business Research Initiative	Health Innovation Programme	Diabetes Digital Coach	LHCRE	Chief Clinical Information Officer Network	Chief Information Officer Network
Bristol, North Somerset, South Gloucestershire STP						
Bristol, North Somerset and South Gloucestershire (CCG)	●		●	●	●	●
Bristol Community Health	●		●	●	●	●
North Somerset Community Partnership	●		●	●	●	●
Sirona Care and Health		●		●	●	●
Avon and Wiltshire Mental Health Partnership NHS Trust	●			●	●	●
North Bristol NHS Trust	●	●		●	●	●
University Hospitals Bristol NHS Foundation Trust	●	●	●	●	●	●
Weston Area Health Trust (Weston General Hospital)	●		●	●	●	●
University of Bath		●		●	●	●
University of Bristol		●		●	●	●
University of the West of England	●	●		●	●	●
System - wide						
South West Ambulance Service NHS Foundation Trust	●			●	●	●

Appendix two: schedule of national innovations to be supported by AHSNs in 2018/19

NHS Innovation Accelerator (NIA) 2018; an NHS England initiative delivered in partnership with the AHSNs. Since its launch in 2015 the NIA has supported uptake and spread of 25 high-impact, evidence-based innovations across 799 NHS organisations – creating 77 jobs and attracting £36.4m in external funding.

The latest innovations selected to join the NIA are:

- **CATCH - Common Approach to Children's Health:** addressing inappropriate use of NHS services when self-care would be more appropriate, this app gives the parents information via smartphone or tablet.
- **Dip.io:** app which turns a smartphone into a clinical device, providing patients with clinically accurate urine analysis.
- **ESCAPE-pain:** 'Enabling Self-management and Coping of Arthritic Pain through Exercise' is a six-week group programme delivered to people aged 45+ with osteoarthritis.
- **FREED:** the FREED 'first episode rapid early intervention service for eating disorders' model of care provides an early response intervention for young people aged 16 to 25 with short (three years or less) first episode illness duration.
- **Home monitoring of hypertension in pregnancy (HaMpton):** a care pathway involving the use of an app for monitoring high blood pressure at home, empowering expectant mothers to be involved in their own care.
- **Lantum:** cloud-based tool built to help NHS providers fill empty shifts in clinical rotas.
- **My Diabetes My Way:** low-cost, scalable, comprehensive online self-management platform for people with diabetes.
- **ORCHA:** ORCHA works with CCGs and providers to develop health app portals, allowing professionals easy and clear access to a verified resource that helps find and recommend the best apps to patients.
- **Oviva Diabetes Support:** a fully remote, technology-enabled programme of type two diabetes structured education, combining 1-to-1 support from a registered dietitian with evidence-based online educational materials and use of the Oviva app to support behaviour change.
- **RespiraSense:** a continuous respiratory rate monitor, enabling medical teams to detect signs of deterioration 12 hours earlier than normal.
- **WaitLess:** a free app for patients which shows patients the fastest place to access urgent care services for minor conditions.

For more information: visit www.nhsaccelerator.com

Innovation and Technology Tariff (ITT) - 2017/18 and 2018/19

In 2016, NHS England set out plans to fast-track the introduction of new medical technology products and apps through the Innovation and Technology Tariff (ITT). The ITT removes the need for multiple local price negotiations and guarantees automatic reimbursement.

The Innovation and Technology Payment (ITP) programme builds on the ITT and the new innovations on this scheme will be available from April 2018.

The current innovation categories included on the ITT are:

ITT Category	Example product
Guided mediolateral for episiotomy to minimise the risk of obstetric and anal sphincter injury	EPISCISSORS-60
Reduction of bacterial contamination and accidental administration of medication	Needle-free arterial non-injectable connector (NIC)
Prevention of ventilated associated pneumonia in critically ill patients	Pnuex
Web-based applications for the self-management of chronic obstructive pulmonary disease	myCOPD
Frozen faecal microbiota transplantation (FMT) for recurrent Clostridium difficile infection	Frozen faecal microbiota transplants for chronic C.difficile infection
Treatment of lower urinary tract symptoms of benign prostatic hyperplasia as a day case	Urolift
Identification and measurement of atrial fibrillation through mobile ECG technology	AliveCor

More information is available on our website at www.weahsn.net/innovation-and-technology

Appendix three: schedules illustrating member organisation engagement in AHSN work

Our programmes at a glance								
	Maternity and Neonatal	NEWS	Learning from Deaths	Medicines Optimisation	Atrial Fibrillation	ED Safety Checklist	CEPNs	Q Programme
Gloucestershire Sustainability Transformation Partnership (STP)								
Gloucestershire Clinical Commissioning Group (CCG)		•		•	•		•	•
Gloucestershire Care Services NHS Trust		•						•
2gether NHS Foundation Trust		•	•					•
Gloucestershire Hospitals NHS Foundation Trust	•		•			•		•
Bath and North East Somerset, Swindon and Wiltshire STP								
Bath and North East Somerset CCG		•		•	•		•	•
Swindon CCG		•		•	•		•	•
Wiltshire CCG		•		•			•	•
Wiltshire Health and Care		•						•
Avon and Wiltshire Mental Health Partnership NHS Trust		•	•					•
Royal United Hospitals Bath NHS Foundation Trust	•	•	•	•	•	•		•
Great Western Hospitals NHS Foundation Trust	•	•	•		•	•		•
Salisbury NHS Foundation Trust		•	•					

Our programmes at a glance – continued

	Maternity and Neonatal	NEWS	Learning from Deaths	Medicines Optimisation	Atrial Fibrillation	ED Safety Checklist	CEPNs	Q Programme
Bristol, North Somerset, South Gloucestershire STP								
Bristol, North Somerset and South Gloucestershire (CCG)		●		●	●		●	●
Bristol Community Health		●						●
North Somerset Community Partnership		●						●
Sirona Care and Health		●			●		●	●
Avon and Wiltshire Mental Health Partnership NHS Trust		●	●					●
North Bristol NHS Trust	●	●	●			●		●
University Hospitals Bristol NHS Foundation Trust	●	●	●			●		●
Weston Area Health Trust (Weston General Hospital)		●	●			●		●
System - wide								
South Western Ambulance Service NHS Foundation Trust		●				●		●



West of England
Academic Health
Science Network

-  www.weahsn.net
-  [@weahsn](https://twitter.com/weahsn)
-  [West of England AHSN](https://www.linkedin.com/company/weahsn)

