

West of England AHSN Business Plan 2021-2023

May 2022 update

Transforming lives
through innovation



West of England
Academic Health
Science Network

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Introduction

As the second year of a two-year planning period, this updated business plan describes our ongoing programme of work with our member organisations and local Integrated Care Systems to support the discovery, development, and delivery of innovation. It also reflects the continuation of our national contribution to the NHS Accelerated Access Collaborative and the work of the AHSN Network.

This updated plan incorporates three new nationally commissioned spread programmes (Polypharmacy, Blood Pressure Optimisation and the Wound Care Strategy), but fundamentally it is a local business plan for the West of England, which recognises that a vibrant local programme of innovation is the foundation for a successful national innovation pipeline.

This plan responds directly to the priorities of our three local integrated care systems and is also informed through our regular engagement with the NHS South West regional team.

Naturally, the priorities identified in the NHS Long Term Plan remain directly relevant to this, but we also now look towards the emerging priorities of our new integrated care boards to inform our plans.

With this in mind, while our key work programme and areas of focus are already in place, this plan also ensures that we remain agile and responsive to emerging needs and challenges.

Our collaborative work with our other local partner organisations will also continue this year particularly with NHIR ARC West, as well as with neighbouring AHSNs in the NHS South West region.

As we begin our 10th year since being established as an AHSN, this business plan represents a full and busy work programme for the year ahead.

In the context of the significant challenges faced by health and social care partners both locally and nationally, the core mission of the AHSN to speed up the pipeline for health and care innovation has never been more important.

Plan on a page

Transforming lives through innovation

Improving our innovation pipeline

Supporting digital transformation

Building capability and sharing knowledge

Enhancing engagement with local integrated care systems



Mental health



Maternity and neonatal



Medicines safety



Long-term conditions



Deterioration



People

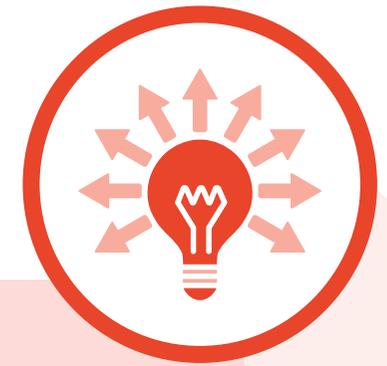


Integrating and optimising care

Responding to the climate emergency

Our commitment to equality, diversity and inclusion

Enabling programmes



Discover, develop and deploy – the innovation pipeline

Our core mission as an AHSN is to speed up the pipeline for innovations so that the benefits are available to patients and clinicians sooner.

The primary objective of the West of England innovation pipeline is to realise new products, services and pathways with clear evidence of effectiveness, which are ready to be adopted by our local systems. We deliver this through a process of needs identification, innovator support and signposting, real world validation and close liaison with our clinical colleagues and local systems.

All 15 AHSNs share data from their own local innovation pipelines and this information is collated and shared across the AHSN Network, enabling the import and export of innovations across the country.

The innovation pipeline is defined in five stages with formal 'stage gates' between each. This is illustrated in the diagram on the next page.

At each stage gate the innovations offering the greatest potential to deliver against agreed priorities are selected using agreed criteria.

The stage gate decisions involve evidence-led, multidisciplinary review with representation from the AHSN and our three local systems, together with our academic, research and local enterprise partners.

We continue to focus on identifying outputs from research, that are ready for development through our innovation pipeline. In addition to strengthening our relationship with our local Academic Health Science Centre and with the West of England Clinical Research Network, we have continued to support two academic liaison roles with the University of Bath and University of Bristol.

A core element of an effective innovation pipeline is the ability to validate promising innovations in real world settings. Our new Insight and Evaluation function continues to

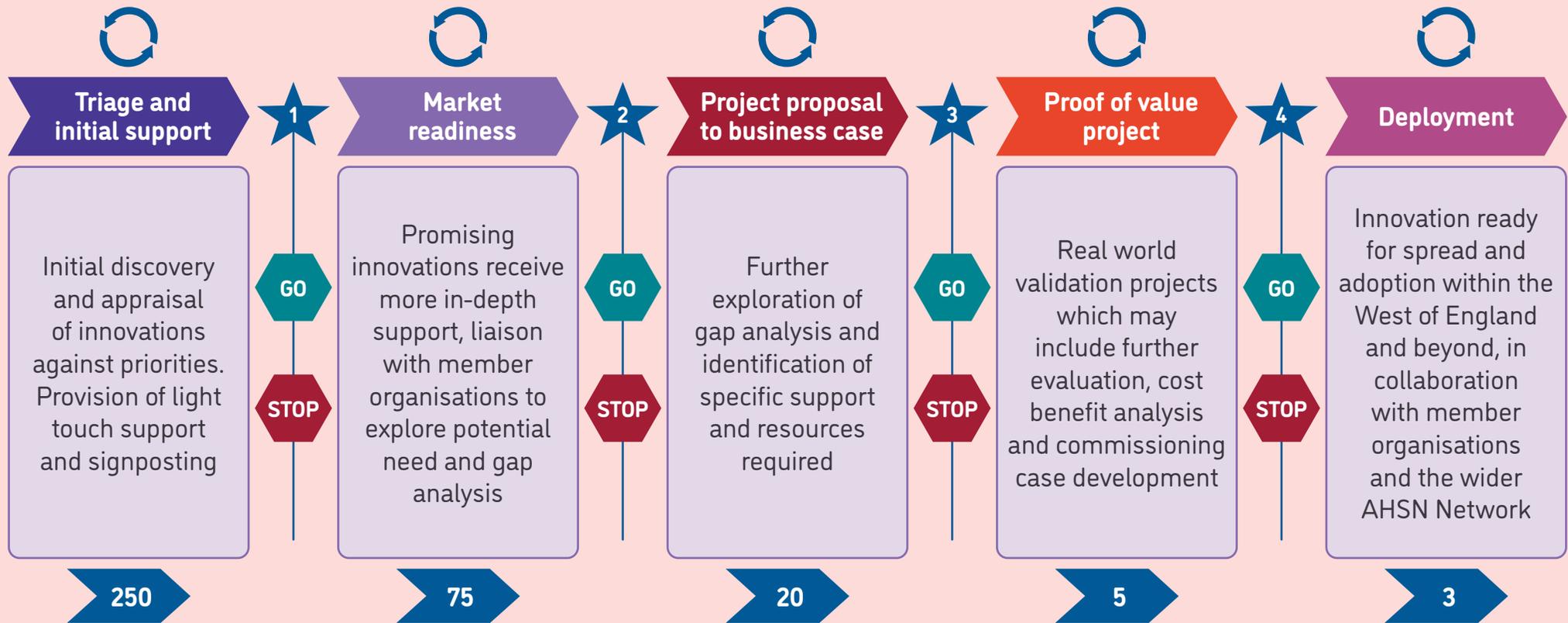
develop and is already providing capability and capacity for rapid evaluation of promising innovations in a real-world setting.

This includes increased collaboration with NIHR ARC West to develop a flexible rapid evidence review capability, and partnering with academic partners and other AHSNs to provide access to a broad range of insight and evaluation capability.

Enabling programmes



West of England Innovation Pipeline



Anticipated number of innovations passing through each stage of the pipeline each year

Enabling programmes



Digital transformation

The response to the Covid pandemic has seen an unprecedented rise in both the appetite for, and adoption of, digital health technologies that support new ways of delivering healthcare services, especially where physical contact is not possible or where there is a priority need to deliver care outside of hospital settings, including in people's homes.

The approach to using digital tools and services is undergoing a seismic shift across all our systems. Although many of the technologies adopted during the first phase of the pandemic were already in use in some geographies, in many cases they were not widely implemented or evaluated in any depth. Their impact on systems, services, workforce and citizens is only just emerging.

The West of England AHSN recognises the vital importance of innovative digital technologies to the future of care, but we also understand that the technology itself is only a part of the solution.

Our networks of Clinical Digital Advisors, coupled with our intimate knowledge of the health and care systems we serve, help us to understand our members' priorities for service transformation and their ambitions for new digital ways of working.

Through our knowledge of current infrastructures and digital programmes across the South West region and beyond, we can identify opportunities for sharing best practice and broker relationships across our systems to support the adoption of proven digital ways of working using our expertise in quality improvement.

Where there is unmet need, we can support our members to horizon scan for the best-fit technologies and seek funding assistance.

We coordinate the South West CXIO/ Digital Leaders Network, hosting quarterly meetings alongside a dedicated FutureNHS workspace and discussion

forum. This puts us right at the heart of digital leadership across the region. It also gives direct intelligence of the rapidly emerging clinical and care priorities and those practitioner digital voices who are critical to the successful identification, delivery and sustainability of the region's digital future.

At the request of the South West CXIO/ Digital Leaders Network we have worked together with the South Western Ambulance Service (SWASFT) and provider organisations across the region to build the foundation requirements for region-wide information sharing at scale (the SWASFT Connector Project).

This work has focused on the information needs of paramedics and urgent care professionals and will be taken forwards as part of the refreshed regional 'One South West' Shared Care Record in 2022/23, while also supporting the new national ambulance digital strategy. →

Enabling programmes



Digital transformation

We have further exciting opportunities to progress in 2022/23, including supporting our members with their digital virtual ward and remote monitoring ambitions, increasing our support for initiatives involving artificial intelligence and continuing to connect digital visionaries across the region through our regular events and seminars.

We are also working with regional colleagues and primary care digital leaders to develop and deliver the vision of a South West Primary Care GP Exemplar Laboratory - a physical and virtual space in which primary care innovations can be modelled, developed, demonstrated and tested in an 'in-vitro' environment. This will enable our members across primary care (and wider care settings) to prototype and optimise solutions, prepare 'blueprints' to support spread and resolve clinical safety and interoperability / compatibility issues without impacting on the already time and resource-pressured primary care teams.

Enabling programmes



Building capability and sharing knowledge

In response to ongoing demand from across our three local systems and member organisations, our West of England Academy will continue to deliver a range of informative and relevant education resources with a mixture of online, face-to-face, synchronous and asynchronous methods. These will help colleagues to think and work innovatively and implement new ways of working using quality improvement (QI) methods and tools.

The approach is underpinned by our Innovation and Improvement Journey, with an increasing range of online resources from the usual QI methods and tools to our unique, practical innovation techniques, including our recently launched creative problem-solving toolkit.

Our online offer includes a recently launched Innovation MOOC (Massive Open Online Course), designed and delivered in collaboration with the University of Bath, providing an introduction into the education of basic tools and techniques for innovative thinking and working.

Our Evidence Repository, established in 2020 in partnership with local integrated care systems and hospital libraries as the COVID-19 pandemic unfolded, supports rapid evidence sharing.

The numbers of registered users and documents uploaded continue to increase and in response to feedback we have expanded the membership to include public health organisations, as well as broadening the content to include QI and population health management projects.

In 2022/23 we will continue to work with our members to promote and grow the repository.

Our highly successful Health Innovation Programme provides bespoke training for promising new innovators each year. Now in its seventh year the programme has 129 alumni.

This year we will be working closely with the South West, Wessex and Kent Surrey Sussex AHSNs to deliver a coordinated

Health Innovation Programme offer, with each AHSN running a training course each quarter with the ability to refer people to the next available course, allowing more rapid support for promising innovations.

We are continuing to support UWE's HealthTech Business Assist programme, encouraging innovators to develop products that have the potential to address the needs of our local health and care community.

Enabling programmes



Engagement with our local integrated care systems

Continuous and dynamic engagement with the frontline of health and social care delivery enables us to maintain a deep understanding of the needs and priorities of our local systems.

For 2022/23 our mechanisms for engagement with our local systems and partners will be further enhanced through a review and expansion of our established interfaces to align with the respective arrangements for research and innovation in each of our local integrated care systems.

This will include a review of our Link Director Network, which provides an interface with transformation and innovation leads and other partners.

Alongside this our cohort of Clinical Leads has been refreshed for the year ahead, with

a rebalancing of skills and experience to reflect the requirements of our work programme. As before all are experienced clinicians, typically working in clinical roles from both primary and secondary care, who work with us on a sessional basis. Their blend of knowledge and experience combined with their insights from the frontline is central to the success of our operating model.

In addition to these layers of engagement, we continue to benefit from excellent relationships with our member organisations and our three local systems, with strong representation from local system leaders on our AHSN Partnership Board. This is supplemented by direct engagement by our AHSN senior leadership team with system leaders and NHS regional team colleagues.

Main programme themes



Mental health

South of England Mental Health Collaborative and the Mental Health Safety Improvement Programme

The Mental Health Safety Improvement Programme is one of the five national Patient Safety Collaborative (PSC) commissioned workstreams. The focus for 2022/23 is on reducing restrictive practice within Mental Health, Learning Disability and Autism settings.

The South of England Mental Health Collaborative (MHC) has been identified as a key vehicle for local and regional delivery of the national Mental Health, Learning Disability and Autism Safety Improvement Programme.

The MHC is an established network of mental health professionals across the South of England, which empowers both people with lived experience and healthcare staff to work together to identify and develop solutions to local problems. Consisting of membership from 16 mental health trusts across the South of England, the Collaborative is hosted by the West

of England AHSN. All five PSCs across the South of England have agreed to re-join the MHC, which means membership coverage for every inpatient mental health service across the South.

Building on the success and principles of the MHC, along with membership of all five PSCs and their respective trusts, 2022/23 will see the delivery of the Mental Health Safety Improvement Programme key ambitions and deployment of Patient Safety Networks.

SHarED

Supporting high impact users in emergency departments, our SHarED project has now concluded, with all teams having submitted their internal business cases for embedding this innovative approach.

Further to this, Great Western Hospitals NHS Trust have been granted short-term funding with a high likelihood of securing long-term funding for a High Impact User Team. Royal United Hospitals Bath NHS Trust have secured funding

for a further six months to support additional data collection. The remaining teams continue to work towards funding for their services.

An evaluation of the project by ARC West is due for completion in September 2022.

Transfer of Care Around Medicines (TCAM)

We are working closely with Avon and Wiltshire Mental Health Partnership and Avon, Swindon and Wiltshire local pharmaceutical committees to improve discharge processes around medicines. Read more about this in the Medicines Safety section. →

Main programme themes



Mental health

Early Intervention Eating Disorders

Early Intervention Eating Disorders is a national AHSN Network programme supporting the adoption of evidenced-based models, including FREED (First episode Rapid Early intervention for Eating Disorders). FREED consists of a service model and care package, providing highly coordinated early care for 16 to 25-year-olds with a first episode eating disorder of less than three years duration.

Our work with Avon and Wiltshire Mental Health Partnership and Gloucestershire Health and Care will continue in 2022/23, supporting them to appoint FREED clinical champions and to embed the FREED model within existing services.

Focus ADHD

Focus ADHD is an AHSN Network adoption and spread programme which aims to transform the diagnosis of attention deficit hyperactivity disorder (ADHD) across the country through the implementation of an objective test, QbTest.

Following recent discussions, a business proposal is to be submitted for implementation of QbTest in Bath and North East Somerset and North West Wiltshire. Bristol, North Somerset and South Gloucestershire have also agreed to pilot QbTest for one year and contracts are being finalised, aiming to commence testing at the end of June.

A community of practice for children and young people's ADHD services, in partnership with the South West AHSN, is now in place. This will act as a conduit for further improvement and engagement across the system.

Support for people with learning disabilities

The West of England Learning Disabilities Collaborative is changing its current format and expanding in early 2022/23 to cover the entire South West region.

The new South West Learning Disabilities Collaborative will be funded and delivered

in partnership with NHS England South West. The expanded collaborative aims to share learning and best practice across the whole region and focus on the adoption and spread of tested diagnostics, products and technologies that support those with a learning disability, as well as their carers and the healthcare professionals that support them.

Main programme themes



Maternity and neonatal

Maternity and Neonatal Safety Improvement Programme

Building on the success and impact of the work of our Maternity and Neonatal Health Safety Collaborative, we will continue to engage with the networks and relationships established in April 2020.

In 2022/23 our key areas of focus are improving the optimisation and stabilisation of the pre-term infant, improving the early recognition and management of deterioration in women and babies, and supporting all maternity and neonatal providers to repeat culture surveys to influence local improvement plans. Our key vehicles to support this continue to be the Patient Safety Network, supported by a core leadership group.

We will continue to engage with Local Maternity and Neonatal Systems, the NHS regional team and other networks, and will also support our local systems with any improvement projects identified through their response to the Ockenden Review recommendations.

PERIPrem

PERIPrem is a perinatal care bundle to improve the outcomes for premature babies across the West and South West regions as a collaboration between the two AHSNs and the South West Neonatal Network. The bundle consists of 11 interventions that demonstrate a significant impact on brain injury and mortality rates amongst babies born prematurely.

Although all units have implemented bundle elements, there is still variation in mothers and babies receiving all the interventions for which they are eligible, with 'Place of Birth' one of the key opportunities for improvement as a system. We continue to support units to embed the gains from PERIPrem in their units, and in 2022/23 will be focussing on supporting the NHS regional team with the Place of Birth workstream.

Two papers have been submitted to journals based on the evaluation of PERIPrem and we will disseminate the learning from these reports post publication through our collaborative networks.

We have ensured that the PERIPrem care bundle interventions align to the British Association of Perinatal Medicine's best practice guidance for premature births, as well as the ambitions of the Maternity and Neonatal Safety Improvement Programme, and PERIPrem resources have received Neonatal Nurses Association (NNA) endorsement.

Maternal Early Warning Score (MEWS)

We will engage with all key stakeholders to map out the tools and mechanisms they employ to 'prevent, identify, escalate and respond' (PIER) to women and babies at risk of deterioration. Two units locally are signed up to test deterioration tools: Royal United Hospitals Bath are signed up to test MEWS for maternity early warning scores, while Great Western Hospitals are signed up to test Newborn Early Warning Trigger and Track (NEWTT2) for neonatal early warning score systems.

Reducing inequalities

A requirement of the national Maternity and Neonatal Safety Improvement Programme is to support our maternity and neonatal systems to close the →

Main programme themes



Maternity and neonatal

inequalities gap in outcomes. Recent data available through MBRRACE shows that Black women have a four times higher risk of dying in pregnancy, mixed ethnicity women have a three times higher risk, and Asian women twice the risk than that of White women.

Black Maternity Matters is a collaborative project between West of England AHSN, [Black Mothers Matter](#), [BCohCo](#) and [Representation Matters](#), following the successful awarding of funding from the Health Foundation. The pilot seeks to deliver and test meaningful, actionable improvements to reduce inequity of outcomes for Black women within maternity systems, through a collaborative quality improvement (QI) approach.

Delivery of training, education and QI initiatives begins in May 2022, with the aim to complete active training by October 2022, and we'll be submitting a final evaluation report to the Health Foundation in November 2022.

We also co-host a Regional Perinatal Equity Network with South West AHSN focusing on improving outcomes and reducing health inequalities within perinatal services.

Maternity Patient Held Records (PHR)

In 2020-21 we provided support to Bath, North East Somerset, Swindon and Wiltshire ICS to progress piloting of a Maternity Patient Held Record (PHR), linked to the local integrated digital care record.

Our support for this work continued through the early part of 2021-22 and the pilot PHR is now live and in use across several locations in Bath and North East Somerset.

Learning from this pilot has been shared with our other member systems to support the wider vision and ambitions for maternity digital care services in line with the Long Term Plan ambition for all women to be able to access their maternity notes and information through their smart phones or other devices by 2023-24.

In 2022/23 we will support facilitation of a digital midwives informal peer-to-peer network across the South West region. This will connect into the CXIO/ Digital Leaders network, providing an ideal mechanism to share current and future learning at scale.

Cerebral palsy register

The national [PReCePT](#) Programme accelerated the uptake of magnesium sulphate (MgSO₄) across England, and it is now administered consistently to over 85% of all eligible women in preterm labour under 30 weeks' gestation.

The clinical evidence suggests that one case of cerebral palsy is avoided for every 37 women administered MgSO₄. However, we currently have no central repository of cerebral palsy incidents in the community to evidence this.

The West of England AHSN is therefore collaborating on a project proposal with NIHR ARC West to identify whether increased MgSO₄ administration has influenced cerebral palsy diagnoses and severity in the community.

The intention is to link routinely collected data from GP records and neonatal electronic patient records to develop a potential cerebral palsy register. Analysis will also consider whether Covid-19 has impacted the administration rates of MgSO₄, possibly resulting in increased cerebral palsy in the community.

Main programme themes



Medicines safety

Medicines Safety and the Medicine Safety Improvement Programme

The West of England AHSN has an established and high-performing Medicines Optimisation and Safety Team and is well networked with key stakeholders in the region. Our Medicine Optimisation and Safety programme of work reports to a multi-stakeholder, cross-sector, regional Medicines Safety Steering Group.

The team are also members of medicines optimisation and safety groups within our three integrated care systems.

The team ensures a coordinated approach with other AHSN/Patient Safety programmes of work. These include medication optimisation and safety, such as cardiovascular disease, long-term conditions, the Rapid Uptake Products programme, managing deterioration, as well as digital programmes, such as improving remote monitoring in care homes.

In 2022/23 the Medicines Safety and the Medicine Safety Improvement Programme will focus on creating a systemwide approach to improving

chronic pain management by reducing harm from opioids. In 2021/22 a national 'real world' study was conducted, leading to the development of a framework to support the development of a systemwide approach to reducing harm from opioid prescribing in people with non-cancer pain.

The West of England region benefits from the expertise and knowledge of national clinical leads with a special interest in pain management. Each integrated care system (ICS) has had different priorities in this area in recent years, with one ICS yet to establish a systemwide approach. With several incentives and policies supporting the programme's ambitions, a collaborative approach using national data sets will identify priority areas for using tested interventions. Opportunities and forums will be developed for ICS leads to share learning.

National AHSN Polypharmacy Programme: getting the balance right

Medicines save and improve the lives of millions of people. However, as more and more people live longer with multiple long-term conditions,

the number of medicines they take increases. The National AHSN Polypharmacy Programme aims to support local systems and primary care to identify patients at potential risk of harm from taking multiple medicines and support better conversations about medicines by promoting shared decision making. This is focused around three key pillars:

Pillar 1: Population health management - using data (NHS BSA Polypharmacy Comparators) to understand primary care network risks and identify patients for prioritisation for a structured medication review.

Pillar 2: Education and training - running local Polypharmacy action learning sets to upskill the primary care workforce to be more confident about stopping unnecessary medicines. The action learning set model was originally developed and piloted by Wessex AHSN and supported by Health Education England.

Pillar 3: Public behaviour change - The testing and evaluation of public-facing campaigns to change public perceptions of prescribing and encouraging patients to open up about medicines. →

Main programme themes



Medicines safety

The sustainability of the work in our region will be supported through the development of a cross-system community of practice/learning health system and colleagues will be identified and sponsored to be polypharmacy trainers.

Transfer of Care Around Medicines (TCAM)

In the past year we continued to support the TCAM programme. This identifies patients discharged from hospital who may need help with their medicines, referring them to their community pharmacy for advice and support. The national programme led to a newly commissioned service commencing in February 2021, the Discharge Medicines Service.

We have supported all five acute trusts in the West to implement the infrastructure to deliver this service. Avon and Wiltshire Mental Health Partnership has also been supported to implement the infrastructure for referrals to community pharmacies for post discharge medicines advice and support.

The Discharge Medicines Service has created a focus on improving discharge processes and optimising the systems to maximise efficiencies. With a light touch approach, we will contribute to discussions and provide data to support these where appropriate. The Medicines Safety Steering Group may provide a forum for collaboration between the ICS regions.

Medicines Compliance Aids

Medicines Compliance Aids (MCAs) are commonly viewed as the 'go to' reasonable adjustment for patients who require support with managing and/or adhering to their medication regime. Patients have been historically provided with medicine compliance aids, known as 'dosette boxes', without determining if this is the most appropriate reasonable adjustment.

Two workstreams were identified by a working group to address the outlined challenges: development of a standardised assessment

tool in line with the Equalities Act (2010), and an educational programme to support a cultural safety change around appropriate compliance aid use.

A package of educational materials has been commissioned for completion in quarter one of 2022/23 with the West of England AHSN membership. The AHSN Network is supporting dissemination of these materials, which include videos for healthcare professionals and patients and the public.

Main programme themes



Long-term conditions

Cardiovascular disease (lipid management and blood pressure optimisation)

The NHS Long Term Plan highlights reducing the incidence of cardiovascular disease as the single biggest area where the NHS can save lives over the next 10 years.

Our work in this area aims to improve patient care and outcomes by effectively treating patients with high cholesterol using the NICE-approved clinical pathway and optimising the use of all medicines included in the pathway. This includes the introduction of a novel therapy, Inclisiran, which can be initiated in primary care.

We are also piloting a process of child-parent screening to enable early identification and access to genetic testing for those with familial hypercholesterolaemia, allowing for early treatment and cascade testing of the wider family.

Blood Pressure Optimisation is an AHSN Network adoption and spread programme, based on the UCL Partners Proactive Framework Programme. Working

with each of our three integrated care systems (ICSs), primary care networks (PCNs) will be asked to adopt, test and implement the Blood Pressure Optimisation Proactive Care Framework with the aim of improving hypertension case finding and addressing the existing treatment gap of known hypertensive patients.

Recognising the overlap with lipid management, the offer to combine projects will be available for PCNs or individual practices to adopt. The intention is to enhance effectiveness of the risk stratification approach by combining elements of both systems, which if successful could lead to scaled adoption of this method.

Proactive Care Frameworks

The Proactive Care Frameworks support primary care practice teams to risk stratify patients with long term health conditions and use their workforce to optimise care and promote self-management. The frameworks address long term conditions such as asthma, COPD and diabetes and can contribute to post-COVID recovery plans. We will be using this risk stratification approach with our other programmes, such as Blood Pressure Optimisation.

Following on from the collaboration with Bath and North East Somerset, Swindon and Wiltshire CCG's Diabetes Team to implement the diabetes framework across primary care, we continue to support this initiative with a community of practice, motivational coaching and clinical expertise.

Asthma biologics

Asthma biologic therapy drugs improve symptoms and reduce asthma attacks in people with severe asthma by helping to stop the body processes that cause lung inflammation. The aim of this innovation is to improve identification of patients who might benefit from this therapy to improve outcomes by providing a better treatment option for patients with severe asthma.

We have collaboratively developed a quality improvement project with South West AHSN and the South West Severe Asthma Network to streamline the patient pathway from primary care to specialist asthma centres, increasing multidisciplinary teams and reducing time to treatment.



Main programme themes



Long-term conditions

Fractional exhaled nitric oxide (FeNO)

Respiratory disease is identified as a clinical priority in the NHS Long Term Plan. The aim of the FeNO Rapid Uptake Programme is to manage respiratory disease by measuring fractional exhaled nitric oxide (FeNO) to aid the diagnosis of asthma and to:

- improve patient care and outcomes by more effectively diagnosing patients with suspected asthma
- increase widespread patient and clinician access to FeNO testing across primary care.

To date, we have supported 56 GP practices to offer access to this service.

The focus for 2022/23 will be embedding the use of FeNO testing in local services, continuing to support new uptake, and understanding the impact of this change.

We will continue to work with primary care practices across our region to support the implementation and ongoing sustainability

of FeNO testing. Projects awarded Pathway Transformation Funding in Gloucestershire, Bath and North East Somerset, Swindon and Wiltshire will be evaluated.

myCOPD digital health champions

Following a successful application to the NHSX Digital Health Partnership award, we are project managing a Healthier Together pilot to embed the myCOPD app into respiratory services using digital health champions. The champions will not only enrol patients onto the app, but will also use motivational interviewing techniques to support behaviour change and encourage self-management of COPD through the app.

Match-funding from the CCG has been secured and the project will continue to September 2022. The model is now being spread across Bristol, North Somerset and South Gloucestershire with continual review and refinement of the pathway, taking learning from a rapid qualitative evaluation being completed by the University of Bath.

Children and young people's asthma pathway

A new national care bundle released by NHS England has clearly laid out the deliverables for the children and young people's asthma pathway. In response, we have completed a review of the pathway on behalf of Gloucestershire CCG. A two-year transformation plan has been developed which is to be delivered by the CCG.

COPD Discharge and Asthma Discharge Bundles

In 2021/22 the national Patient Safety Collaborative adoption and spread programme had two commissioned areas: the COPD discharge care bundle and asthma discharge bundle. Both programmes concluded in March 2022 with all acute trusts having been engaged in the programmes and seeing positive improvements against bundle delivery.

For 2022/23 we are developing a local programme building on the COPD project to improve outcomes and mortality rates for patients treated with non-invasive ventilation.

Main programme themes



Deterioration

Historically our managing deterioration programme has included several successful system wide projects:

- NEWS2 (National Early Warning Score)
- Improving outcomes for people at risk of sepsis
- The Emergency Department Safety Checklist
- System-wide implementing of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)
- West of England Learning Disabilities Collaborative
- RESTORE2 and RESTORE2Mini training for care homes, including separate training for those caring for a person with a learning disability
- Scoping of dementia case finding tools, as part of our Enhancing Health in Care Homes work for the national Patient Safety commission in 2021/22.

Building on these successful system-wide projects, in 2022/23 we will continue our focus on supporting care homes, within their wider health and care system, to identify residents at risk of deterioration and ensure the right care takes place at the right time.

By the end of 2021/22, 71% of nursing homes and 47% of residential homes had been trained in RESTORE2, and in 2022/23 we will continue to offer a range of virtual training to support systemwide implementation and sustainability. RESTORE2 helps staff recognise soft signs of deterioration, take observations, and provide a structured communication method.

ReSPECT

All three systems in the West of England have completed their implementation of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). An evaluation into ReSPECT in care homes has been completed and submitted for publication. A final learning, sharing and celebration event is planned for late 2022/23.

Support testing of the national Paediatric Early Warning System (nPEWS)

We have supported Gloucestershire Hospitals to test the nPEWS as part of national testing

and will continue to support this until the transition to the next phase by the end of quarter two 2022/23.

This will include ensuring patients are identified and escalated appropriately using the suggested measurement outcomes. Royal United Hospitals Bath are considering taking part in the implementation testing phase and we will support them if they also choose to roll out in quarter one.

Remote monitoring and virtual wards

We have been supporting the rapid spread and adoption of the Covid-19 Oximetry@home and virtual wards remote monitoring models to improve safety and outcomes for patients at risk of silent hypoxia. This included supporting six of the seven ICSs in the South West region to secure funding to support licensing and implementation of digital Oximetry@home platforms.



Main programme themes



Deterioration

In 2022/23 we are examining how we can provide a commissioned package of hands-on implementation and evaluation support to help our members move their virtual ward projects forwards in line with planning guidance objectives and national funding streams.

Frailty

In December 2021, we started a project with a local primary care network consisting of five practices to identify housebound patients who are at risk of becoming severely frail and who will then benefit from person-centred conversations with clinicians.

The project involves developing the care pathway; training in health coaching for care coordinators and others to prepare both patients and GPs/nurses for person-centred conversations; and training in person-centred conversations for the GPs and nurses.

The project is part of a wider Ageing Well programme within Bristol, North Somerset and South Gloucestershire (BNSSG) and will be evaluated as part of this.

Depending on the outcomes of the evaluation, the aim is to adopt and spread the model across BNSSG.

Main programme themes



People

Domiciliary Care Workforce Challenge

Home care (or domiciliary care) is a vital component of social care delivery in England and is an essential part of enabling people to maintain their independence as close to home as possible. It is estimated that more than 350,000 older people and more than 76,000 younger people access publicly funded home care, with others paying for their own home care.

At the same time, the home care sector is under significant pressure from a combination of high and increasing demand and a fragile provider market, and all these issues have been further exacerbated by the impact of the pandemic.

The Domiciliary Care Workforce programme, run in partnership with South West AHSN and Health Education England, is using innovation to ease the pressure on domiciliary care workers and providers. Domiciliary care is provided at a local level through a range of contracts delivered by multiple providers, with the pressure on workers impacting on their work, wellbeing and development and contributing to high turnover rates.

We have selected a planning and optimisation service from Finnish company Procomp to be trialled in Bristol and Cornwall between March 2022 and May 2023. The service aims to increase the capacity of the workforce and improve the working lives of care workers by using artificial intelligence (AI) logistics technology to improve the planning of care workers' schedules.

Capturing workforce benefits across our work programme

Workforce benefits can arise across a diverse range of projects, not only those with an explicit workforce objective. Following on from the work led by the workforce group of the AHSN Network, we will review all of our local innovation programmes to identify direct and indirect workforce benefits and capture and measure these as part of project delivery. This will ensure that these benefits can inform future decisions about the deployment of successful innovations.

Main programme themes



Integrating and optimising care

National Wound Care Strategy Programme

Hosted by the AHSN Network, the outcome-led National Wound Care Strategy Programme was commissioned by the nursing directorate of NHSE&I in 2018.

Adoption as a national programme by all 15 AHSNs in 2022-23 will enable systematic implementation of this strategy, building on work delivered through separate funding sources.

The programme aims to improve current pathways of care for lower limb wounds and implement point-of-care, NHS compliant, digital technology in the form of wound management digital systems within community services.

Key benefits of the programme include:

- Significant reduction in community workforce time on wound care through better healing and reduced recurrence rates
- Supporting elective recovery through reduction in acute admissions and increased community capacity for faster discharges
- Supporting health inequalities agendas.

PreciSSlon

Preventing Surgical Site Infection (PreciSSlon) is a quality improvement (QI) project focussed on reducing surgical site infections (SSIs) in elective colorectal surgery. In March 2021 we achieved our aim to reduce SSIs by 50% and we closed the project following our last event in November 2021.

The proposal to adopt and spread a PreciSSlon bundle of care for caesarean section surgery was approved in March and we are planning an initial event to engage our key system stakeholders.

Gloucestershire Hospitals rolled out a similar project in December 2021, so we have been working with them to understand whether the implementation of the bundle has been successful.

We have also been working with Cemplicity around collecting patient-reported SSIs electronically to enable us to test the system against manual data collection for our baseline metrics in at least one of the acute trusts.

MedTech Funding Mandate

The MedTech Funding Mandate policy launched in 2021 and builds on the priorities of the Accelerated Access Collaborative (AAC) innovation programmes.

The policy aims to direct the NHS on which innovations are effective and likely to give savings on investment, and ensure the NHS has a sustainable approach to overcoming the financial barriers to adopting medical devices, diagnostics and digital products.

All NICE medical technologies guidance and NICE diagnostics guidance published by 30 June 2020 were reviewed by NHS England and the AAC to identify devices, diagnostics or digital products that are effective, demonstrate a net cost saving in the first three years, are affordable to the NHS, and deliver material savings of over £1 million over five years for the population of England.

For 2022/23 the policy categorised additional and existing products under four themes. These are Enhanced Diagnostics (Placental Growth Factor →

Main programme themes



Integrating and optimising care

Testing* and HeartFlow*); Surgical Innovation (Urolift, Rezum, Green Light, Plasma System and Sinus XprESS); Patient Experience (Thopaz+ Chest Drain and SecurAcath*); and Specialised Treatments (Spectra Optia and gammaCore*).

We are currently working with all stakeholders (commissioners, procurement, finance and clinicians) to baseline and assess the opportunity across the region and plan to support those areas who wish to adopt and implement these products.

** indicates 20-2021 products*

Exploring the potential of innovation in primary care

We plan to work with colleagues in our primary care networks and integrated care systems to hold discovery events in mid-2022/23 to explore unmet needs and where innovation might play a role.

Next steps will be determined by the outputs of these events but could involve issuing a call to industry for solutions and opportunities for real world validation.

The ARC/AHSN Partnership

Over the last nine years, the West of England AHSN and the NIHR ARC West (and its predecessor NIHR CLAHRC West) have actively collaborated on a range of projects, including a number that were subsequently progressed for successful national adoption and spread.

This close collaboration continues and includes a specific project to evaluate the use of remote consultations during and post Covid-19 looking specifically at the impact on vulnerable groups. This work has now completed and will be published this year.

In addition, as part of the National Insights Prioritisation Programme together with NIHR ARC West, we secured £275,000 to evaluate the use of Advanced Practitioner roles in primary care. This topic was developed in conjunction with colleagues from each of our three integrated care systems and reflects a shared interest in primary care workforce as a priority theme. The quantitative and qualitative evaluation work is ongoing and is due to complete in March 2023.

Our golden threads



Responding to the climate emergency

The climate emergency represents an existential threat to life on earth. Whilst the full extent of this is being realised over years and decades, the impacts on the health and wellbeing of people are already evident across the world, including here in the UK and in the West of England.

Our member organisations and local integrated care systems are already active in responding to this challenge, which is also a priority for our research partners and our local enterprise partnerships.

Innovation in its broadest sense is an essential ingredient in the response to the climate emergency, and with our unique position at the interface between the NHS, academia and industry, the West of England AHSN is well placed to support this.

We will work with our new integrated care boards to identify opportunities to bring our specific knowledge and capabilities to bear on this issue. This includes specific sustainability parameters in our criteria for selecting innovations for inclusion in our local innovation pipeline.

We will also continue to participate in the related programme being formulated by the national AHSN Network, which will enable us to identify promising innovations for local adoption and spread.

Of our local programmes this year, the Domiciliary Care Workforce Challenge is directly relevant to this, with reductions in travel mileage for care staff on a county-wide basis one of the of the key metrics being evaluated.

Our golden threads



Our commitment to equality, diversity and inclusion

As we move beyond the pandemic, a renewed focus on tackling health inequalities both nationally and locally is a significant priority for all of our local partner organisations, and for the AHSN too. As ever our focus will be on using the specific capabilities of the AHSN to support our local integrated care systems with this.

In addition to existing local AHSN programmes with a health inequality focus, notably our Black Maternity Matters project, Regional Perinatal Equity Network and ongoing support for the Learning Disabilities Collaborative, a new nationally commissioned Accelerated

Access Collaborative programme is anticipated this year as a successor to the Rapid Uptake Programme, with a specific focus on addressing health inequalities with reference to the NHS CORE20PLUS5 framework.

During 2021/22 all team members within the AHSN participated in the Diversity Inclusion Cohesion and Equality (DICE) programme, facilitated by a local specialist organisation BCohCo. The knowledge, skills and confidence that we have developed through the DICE programme will be directly relevant to this work.

Get in touch and find out more

If you're interested in finding out more about how the West of England AHSN can support you or how you can get involved in our work programmes, we'd love to hear from you.

Innovation and digital transformation

To talk to our Innovation and Digital Transformation teams about support for developing healthcare innovations, email weahsn.innovation@nhs.net or visit www.innovationexchange.co.uk.

West of England Academy

To find out about the learning events and training resources available through our Academy, email weahsn.academy@nhs.net, visit www.weahsn.net/west-of-england-academy or follow #WEAHSNAcademy on Twitter.

Patient safety and service transformation

To find out more about the work of our Patient Safety Collaborative and other aspects of our support for service and system transformation, and how to get involved, email weahsn.transformation@nhs.net or visit www.weahsn.net/transforming-services-and-systems.

General enquiries

To find out about anything else, drop us a line at weahsn.contactus@nhs.net, explore www.weahsn.net or sign up for our regular email newsletters at www.weahsn.net/newsletter-sign-up.

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