



**WE
CARE**



**WE
QUESTION**



**WE
HELP**



**WE
CREATE**



**WE
DEBATE**



**WE
COLLABORATE**



**WE
DEBATE**



**WE
INNOVATE**



**WE
DELIVER**



Annual report 2015-16



West of England
Academic Health
Science Network

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Foreword

“**T**his year the West of England Academic Health Science Network (AHSN) received just over £3 million in funding from NHS England, our member organisations and various other sources, and in my opinion what we have achieved with this in the last 12 months represents incredible value for money.

Rather than breakdown every pound spent, this report gives a snapshot of the difference we are making from the perspective of those people we are here to work for: citizens who need and depend on our healthcare system, our colleagues in healthcare organisations, entrepreneurs wanting to partner with the health service – the ‘customers’ this AHSN was established to serve.

As well as the facts and the figures demonstrating our impact, here are stories about the difference we are making to individuals, the organisations they represent, the services they provide, the care they receive. So much of our ‘impact’ is invisible when it comes to stats – how do you put a price on connecting people who share the same beliefs, passions and concerns and, through that connection, inspire and support them to find a solution together, a new way?

Our people in the health service have the knowledge, skills and experience. Our role as the AHSN is to bring those people together, to find space and platforms to allow people to share and shape new plans, introduce them to innovators and academics with the new technologies and proven evidence to shape these further. We are here to act as the enabler, the space giver, the catalyst.

I am immensely proud of the important conversations we are instigating, the culture shift we are embedding, and the varied range of work we are involved in and are acting as catalysts for. This work is all bringing about needs-focused, evidence-based, citizen-centred improvement for our health systems.

The AHSN staff team is itself small in numbers but big in heart and certainly punches above its weight. They are driven by a belief in and commitment to the NHS, as well as the desire to help reshape it for the society and economic climate we find ourselves in today.

That drive and vision is shared by the many colleagues from our member organisations who commit their time and energy, over and above the long hours they already work, to help steer and deliver our projects and attend our events; and by the public contributors who guide, question

“Driven by a shared belief and commitment”

and bolster our work programmes by making sure the citizen voice is heard as a constant.

We all do this, put in the extra hours, attend the extra meetings, because we care and we see the need.

Bring together the need, the evidence, the people with the innovations, and the people with the skills, knowledge, experience, heart and energy, and you’ve got a recipe to make sustainable change happen.

And that’s precisely what we’ve got at the West of England AHSN. So while our licence is currently due to end in March 2018, I’m confident the legacy and impact of our work is here to stay. ”



Steve West,
Chair of the West of England Academic Health Science Network and Vice-Chancellor of the University of the West of England

The year in numbers

20

Up to 20 primary care practices are joining our new Primary Care Collaborative.

1,606

1,606 clinical and non-clinical staff took part in patient safety, informatics and quality improvement events on key themes, including sepsis, falls prevention, medicines optimisation, early warning score, and emergency laparotomy.

£2.1 million

Our new Diabetes Digital Coach Test Bed is receiving £1.65 million in funding from the Department of Health, with further funding from our partner companies taking the project value over £2 million.

6

Working with Royal United Hospitals Bath, the Health Foundation and Sheffield Microcoaching Academy, we have trained six local clinicians and managers in improving patient flow across three care pathways.

85%

In our stakeholder survey, 85% of our members believe we are effective at building a culture of partnership and collaboration, while 69% say we have helped their organisation in achieving its own objectives.

26

26 different organisations are actively involved in our Safer Care Through Early Warning Scores programme.

4

Four new websites were launched to support NHS commissioners and clinicians: OpenPrescribing, Don't Wait to Anticoagulate, Evaluation and Evidence Works.

40,000

Since its launch, OpenPrescribing.net has attracted 40,000 visitors.

291

We have given advice to 291 companies wanting to work with the health sector, providing 154 business assists.

116

116 healthcare professionals across the West of England have benefitted from advanced skills-based training to enhance leadership, patient safety and flow, innovation and evaluation.

133

133 atrial fibrillation (AF) patients are now being anticoagulated as a result of phase one of Don't Wait to Anticoagulate, which worked with 11 primary care practices over four months. Modelling shows this has saved between five and seven strokes and a potential financial saving of up to £163,205.

52

52 primary care practices in Gloucestershire are taking part in phase two of Don't Wait to Anticoagulate.

100+

More than 100 people participated in the Design Together, Live Better project to share their ideas for new healthcare innovations.

1,400

Join Dementia Research recruited 1,400 people across the West of England in its launch year.

137,315

To date, 137,315 patients have benefitted from having their Connecting Care record viewed by clinicians.

£9.5 million

To date, we have helped secure £9.5 million in funding for SMEs for the development of innovative healthcare solutions.

29

29 of our initiatives have influenced and informed national thinking and guidance.

“We are making progress faster than expected with this project. This is because people believe in it”

Anne Pullyblank, Clinical Director for the West of England Patient Safety Collaborative

WE DEBATE



Sharing the NEWS: safer care through early warning scores

Anne Pullyblank, Clinical Director for the West of England Patient Safety Collaborative, looks back at the first year of the Safer Care through Early Warning Scores programme, which was launched in March 2015.

“Our aim is to use the National Early Warning Score (NEWS) at every handover of care. Wouldn't it be great if the NEWScore was communicated along the entire pathway for the acutely unwell patient? Sick patients might be recognised sooner (a colleague of mine compares this to 'Where's Wally?!'), while NEWS can trigger earlier recognition and treatment of sepsis.

More importantly, by changing our system response, the vision is to get the sickest patient treated at the right time, in the right place, by the right clinician.

We are making progress faster than expected with this project. This is because people believe in it.

All six acute trusts in the West of England have standardised to NEWS, which on its own is a tremendous achievement.

NEWS now features in the new ambulance service electronic patient record and it has been introduced to

some GP systems. We are spreading the use of an ED safety checklist, which again includes the use of NEWS.

NEWS has been adopted by our community colleagues, prisons and mental health trusts, helping to escalate the care of sick patients between health providers. And we are collaborating with researchers to systematically evaluate our work.

The work is happening not because of a government diktat or because we are being paid to do it, but because dedicated people across a health system believe this will make patient care safer.

The objective is to reduce mortality from sepsis, rescue acutely unwell patients and ultimately treat some patients at home appropriately leading to admission avoidance.

Having the right patient treated at the right time, in the right place, by the right person will improve flow across the system - saving money, bed days and most importantly lives.”

6  All six acute trusts in the West of England have standardised to NEWS in all in-patient wards with common escalation protocols.

26  26 different healthcare organisations are actively engaged in the NEWS programme.

 **350,000**

By 2017, 350,000 patients every year will have a NEWScore automatically calculated and recorded in the South Western Ambulance Trust's new electronic Patient Care Record.

Challenge

Too often, healthcare providers in different sectors do not speak the same 'language' at the interfaces of care, resulting in a lack of consistency in detecting and responding to acute illness. In the West of England, our providers have agreed to implement a single common approach to identifying and communicating about deteriorating patients.

Strategy

We are systematically rolling out the National Early Warning Score (NEWS) in all healthcare settings, supported by standardised communication to share clinical information and using quality improvement approaches and techniques.

Result

We have achieved active cross-sector engagement from all NHS service providers and commissioners. All six acute trusts now use NEWS, as do both mental health trusts and the ambulance trust. There are clear strategies and programmes of work to spread the use of NEWS in community and primary care over the next 12 months and ensure a NEWScore is communicated at all handovers of care in all sectors.

OpenPrescribing for improved efficiency, safety and quality

According to GP Peter Jenkins, Clinical Chair for NHS Wiltshire Clinical Commissioning Group (CCG), prescriptions are issued for 450,000 individual drugs across Wiltshire where he is based, each month, equating to five million a year. It's not always easy to interpret the huge volumes of prescription data that is recorded, making it a challenge to distinguish patterns in prescribing.

“Data intelligence provides a method to review our own prescribing and benchmark it against our colleagues. It is obviously only related to prescribing and needs to be taken in context with other aspects of patient care, but it provides a tool to enable further review and improvements where appropriate.

The only way we've been able to access this kind of information up to now is to request it from our medicines management team.

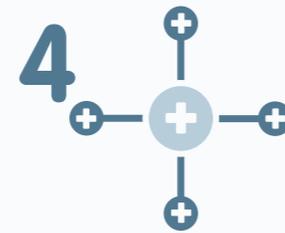
OpenPrescribing makes it easy for non-technical people to understand the scope of variation as the first step in understanding the reasons behind it and then improving prescribing practice.

OpenPrescribing will allow GPs to use prescription information

to review practice prescribing performance and compare it to other practices locally and nationally.

The platform makes data easily accessible on mobile devices, as well as on a computer, and can be accessed from anywhere, not just an NHS computer. It is very user-friendly and you can manipulate the graphs to expand the details you want to see. Being able to view graphs is always more meaningful than tables of data and the option to review the progress over a period of time is very helpful.

OpenPrescribing allows us to identify areas for potential audit and perhaps improvements in practice where it's not subject to local or national guidance. ”



Four other AHSNs (Greater Manchester, Kent, Surrey and Sussex, North West Coast and Eastern) are joining us to offer OpenPrescribing.net to their CCGs to ensure maximum impact.



40,000

Since its launch, OpenPrescribing.net has attracted 40,000 visitors of which 27% are returning users.



£400,000

The first phase of OpenPrescribing.net has attracted £400,000 of further investment from The Health Foundation and NHS Right Care to add further functionality and support rollout.

Challenge

The NHS spends about £9 billion on community prescribing per year. There is considerable variation in how medications are prescribed, suggesting sub-optimal practice.

Strategy

Our approach was to take all GP prescribing data from the Health and Social Care Information Centre (publicly available yet inaccessible to most due to its size and format) and to present this information on every drug at both a CCG and practice level in an easily searchable website, open to all.

Result

The OpenPrescribing.net website was launched in early December 2015. It has attracted 40,000 users so far. The site has stimulated further funding and CCGs tell us it has already helped inform prescribing.

“OpenPrescribing will allow GPs to use prescription information to review practice prescribing performance.”

GP Peter Jenkins, Clinical Chair for Wiltshire CCG

WE QUESTION

“When I go on my induction days I’m able to translate to them what they actually mean to people like me and the rest of the residents.”

Stephen Early, Service User, Sirona Health & Care



WE HELP

The importance of Human Factors

Stephen Early is a service user and volunteer with Sirona. He has worked on the development of our Human Factors training programme, designing scenarios that reflect realistic situations and giving talks at staff inductions. Stephen shares his thoughts on why Human Factors are so important.

“ One day the doorbell went and the lady came in and she was a support worker. She came in and said [grunting], “Alright?”

Well, straight away you know you’re not going to have a conversation with this lady about anything. And the worst thing is that these five, ten minutes you get spread out between the day are very important. It’s communication. It’s talking to someone.

If I was feeling a bit unwell or had troubles or things, I wouldn’t have talked to her about it. And then she came and said, “Got to make you a drink.” Now “got to.” That hit home that “got to.” “Can’t understand why you can’t do it yourself.” That was a little whisper underneath the voice.

Then, “What do you want in your sandwiches?” and again I heard her say, “Can’t understand why you can’t do it yourself” and she left. I chucked the tea down the sink and put her sandwiches in the bin because I wasn’t going to eat or drink anything from someone who didn’t want to do anything for me.

And then a good experience was one lady come to see me, well lots of them. And they come in and ring the bell [brightly] “Hi Steve!” Straight away you know you’re going to have a positive talk to that person. And you’re going to say to that person if there is something troubling you, “Oh I don’t feel too good today... Oh I’ve got this problem” or whatever.

When I go on my induction days I’m able to translate to them what they actually mean to the rest of the residents. Their job’s just as important as a doctor or anyone like that because they’re doing something to help. They’re not only helping by giving someone tablets at the right time or doing some domestic or making sure someone eats. They’re actually talking to that person, which is fantastic, which makes them feel good.

If I can ‘hit’ that one person at induction day and she stays doing caring for maybe ten years? So she might see thousands of people on her journey through her career. If she carries that through, with all of them, what a magnificent difference that’s going to make!

45

We are training 45 facilitators across the West of England community organisations to create a faculty with specialist knowledge and experience in Human Factors training for community services.

435

435 staff from community organisations have received Human Factors training and a further 2,500 are to receive training in the coming year.

£75,000

We have awarded over £75,000 of funding to five community organisations to support the roll-out of Human Factors training for support staff.

Challenge
Communication and team working can have a significant impact on patient safety. Although Human Factors has been incorporated into acute care services in recent years, training and resources are less applicable to community health and social care contexts.

Strategy
Health Education England South West funded us to develop Human Factors training for support staff in community settings. We developed the curriculum, which is based on realistic scenarios and how teams communicate, with Sirona Care & Health, North Bristol NHS Trust and service user representatives.

Result
435 staff have so far received Human Factors training. We have developed a toolkit and over the next 18 months will support five member organisations to train a further 2,500 staff. We are training 45 facilitators across the region to create a faculty with specialist experience in Human Factors training for community services.

Healthcare Innovation Programme: navigating the NHS business landscape

Jenny Dance, a language school owner from Bristol, graduated from our Healthcare Innovation Programme in 2015. She originally created her app for foreign language students.

Course leaders on the Programme saw the potential in Jenny's app for the NHS, and supported her in developing the concept into the 'Intelligent Sounds' speech therapy app, which can be used by people who have suffered strokes or head injuries or have Parkinson's disease, cerebral palsy or multiple sclerosis.

“While our innovations may have the potential to transform an area of patient care, entrepreneurs need to time it right, speak to the right people and describe the right benefits - otherwise it is likely to fail and not be taken forward as a business case.

Had the West of England AHSN not offered this training programme, I would have found it impossible to build a convincing business case for my speech therapy app for potential health commissioners.

The Healthcare Innovation Programme is an intensive personal development course covering core skills in entrepreneurship. It is open to healthcare professionals, academics, small businesses and public contributors.

The network helped us understand who our customers were, how to communicate with them and what information they need before making a decision on a product.

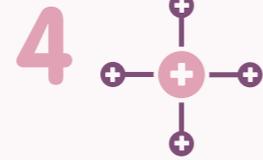
This programme has transformed the way I look at my business, its scope and its prospects. The advice, feedback and networking opportunities provided all exceeded my expectations.

The Healthcare Innovation Programme really gave our fledgling business the kick-start it needed to turn into a successful, scalable operation.

The course leaders were knowledgeable, personable and incisive - they delivered three intense and very worthwhile days.”

38

The Healthcare Innovation Programme has supported 38 entrepreneurs specifically here in the West.



Four AHSNs in the South and West of England are now working in partnership with SETSquared.

94

94 entrepreneurs have received support through the programme across the South and West of England.



Challenge

Many entrepreneurs find the NHS business landscape difficult to navigate. There are many approaches to developing an innovative product or service, and the proposition must resonate with appropriate decision makers and influencers within the health service.

Strategy

We teamed up with the global no. 1 university business incubator SETSquared to deliver a training programme focused on coaching, mentoring and providing support to develop healthcare innovators in the West of England.

Results

We delivered two programmes in 2015 and 216, providing business support to 38 entrepreneurs to help move their propositions forward, launch products, secure investments and widen business networks. The initiative runs across four AHSNs in the South of England and is a great example of how we can work together to take advantage of local centres of excellence such as SETSquared.

“The advice, feedback and networking opportunities provided all exceeded my expectations.”

Jenny Dance, Director,
Phona Ltd

WE
INNOVATE

“It was great to be able to share my ideas at the workshop... I hope there will be more opportunities to keep contributing like this.”

Bethan Griffiths, student at the National Star College in Cheltenham

WE
CREATE

Design Together, Live Better

The Design Together, Live Better project ran from May to October 2015. Citizen-sourced insight was gathered as people came together both at public workshops and online to share their personal experiences of living with a wide range of challenging health conditions (such as stroke, diabetes, cerebral palsy, dementia and Parkinson's).

Bethan Griffiths is a student at the National Star College in Cheltenham, a specialist further education college for people with disabilities and acquired brain injuries, and took part in one of the Design Together, Live Better workshops. This is what she thought of the experience...

“ Maximising independence was the big theme behind the Design Together, Live Better workshops. My independence is really important to me. Although I've got a disability (cerebral palsy), in my head I'm not disabled. So I want to be able to do what everyone else can do.

That's one of the reasons I wanted to take part in the workshops. I have quite a lot of my own ideas that could help me and others. I like art and design and I wanted to be able to share my ideas with others.

At the workshop in Cheltenham it was nice to hear other people like you because the things that came up I wouldn't have thought of. It didn't really apply to me. It opened up my own ideas. It was a really

good experience meeting others in a similar place to me.

It was also quite strange because so many of the ideas seemed so simple – they were things that just haven't been invented yet. And they haven't been invented yet, because people with different health conditions hadn't had the chance to share their ideas.

We liked the bidet idea that came out of the workshop – it was a really clever idea. Kia from Designability came to college to show us the prototype. I could see that lots of people would find it very useful.

It was great to be able to share my ideas at the workshop... I hope there will be more opportunities to keep contributing like this. ”

www.designtogetherlivebetter.org



100+

More than 100 people participated in the project.

8

We held eight public workshops across the West of England.



3

Three prototypes were developed, inspired by the ideas shared at the workshops.

Challenge

Citizens (patients, carers, family members and friends) want to be involved in the co-design and co-production of new innovative technologies and solutions in healthcare, sharing their ideas to help people live more independently with their health conditions.

Strategy

We brought people together online and at a series of public workshops. Ideas for new product concepts were discussed and developed with potential users, and then refined and brought to life in real time by our design partners, Designability (Bath Institute of Medical Engineering), through rapid concept sketching and illustration.

Result

Ten concepts were selected for further exploration by Designability, three of which were taken onto design and prototype development: a seatbelt buckle and harness design that can be easily fastened with one hand; a 'companion' trolley which offers a more personalised approach than existing walker trolleys in the home; and a portable bidet that can be used in public conveniences.

The West of England Academy

Helen Ford is a Senior Commissioning Manager with NHS Gloucestershire Clinical Commissioning Group (CCG) in the Children, Young People & Maternity Team. Helen shares her experiences of working with the West of England Academy, which aims to build capacity and capability across the health and life sciences sector across Quality Improvement (QI) science, innovation and patient safety.

“ The West of England Academy supported Gloucestershire CCG to plan and deliver two events aimed at raising awareness of the issues faced by families living with perinatal mental illness.

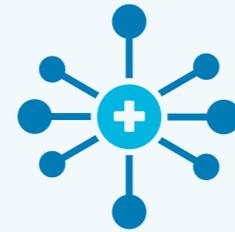
Dr Alain Gregiore, a notable speaker and leading psychiatrist in the field of perinatal mental health, talked about the evidence base along with three local women who had faced the condition and were happy to share their personal stories. They provided a compelling case for change, demonstrating that whilst the NHS invests significantly in the physical wellbeing of mothers and babies during pregnancy and maternity, more could be done to support their mental wellbeing. Evidence shows that this is a time when mothers are particularly vulnerable to depression or other mental illnesses.

Evidence also shows that by providing the right support, we

could both improve care and ensure long-term health gains for children whose mothers have been affected by the condition. During a workshop, the Academy team skilfully guided and facilitated discussions amongst local healthcare professionals, helping us to identify key issues and realistic solutions. These were subsequently prioritised and documented in an action plan, all using quality improvement (QI) science and tools.

Our team was thrilled with the results of the QI workshop. I was pleasantly surprised at how engaging and practical the tools are – we will definitely use them more regularly.

I was truly impressed with and grateful for the professional support we received from the West of England Academy to help us kick-start this valuable work for the people of Gloucestershire. ”



42

We planned and delivered 42 learning events in the last year for our members and others.

51

We recruited and inducted 51 Improvement Coaches to support improvement activities in their organisations.



1,483

1,483 healthcare professionals attended our learning events.

Challenge

We saw an opportunity to support the development of a culture of continuous improvement by enhancing our regional faculty of quality improvement (QI), patient safety and innovation expertise for both patient benefit and economic growth.

Strategy

We are planning and delivering learning events to promote the use of QI science, while recruiting and training QI experts within our member organisations to enthuse and support colleagues. We have developed a standard methodology for planning and delivering a QI project and an education pathway with access to QI tools.

Result

In addition to 42 learning events, we have recruited 51 Improvement Coaches to support improvement activities in their own organisations, and are supporting 10 people as Health Foundation Q Initiative Safety Fellows.

“Our team was thrilled with the results of the QI workshop. I was pleasantly surprised at how engaging and practical the tools are.”

Helen Ford, Senior Commissioning Manager, Gloucestershire CCG

WE COLLABORATE

"I love being involved in research. I am well looked after, have interesting discussions and gain an insight into the latest theories."

Hilary Doxford with her husband Peter and pet dog Tilly

WE CARE

Join Dementia Research

The West of England AHSN is proud to support the work of Join Dementia Research. During its launch year, the West has led the way in encouraging people to register their interest with this groundbreaking service in taking part in clinical research into dementia.

As 16,000 people registered with the service across the country in its first year, the West provided the largest local share, with over 1,400 registrations. Local volunteers like Hilary Doxford make the difference.

Hilary, aged 56, was diagnosed with early onset Alzheimer's disease in 2012, and has since thrown herself into working to help others with the disease, through charities and by being a member of the World Dementia Council.

Hilary is also currently taking part in three research studies, one of which is looking at brain inflammation as dementia develops.

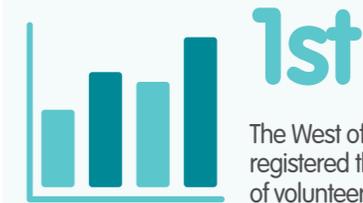
“ When I was diagnosed I wanted to find out more about the condition. I wanted to know whether to stop working or whether I only had limited time left. I wanted to make lifestyle decisions and I wanted to find out what research I could take part in.

I love being involved in research. I am well looked after, have interesting discussions and gain an insight into the latest theories. I am aware of the latest results and it keeps my brain active.

Only one in three dementia research studies recruit enough volunteers within a year, precisely why the register can be such a valuable resource for researchers in their search for potential study participants.

There are currently 17 dementia studies open in the West of England.

Research participation has given me a better understanding of the disease progression than I might otherwise have had. ”



Challenge
Dementia is one of the biggest challenges we face today. It is only through research that we can understand what causes dementia, develop effective treatments, improve care and hopefully one day find a cure. For research to progress we need more people to take part in more studies.

Strategy
Join Dementia Research is a register of people, with and without dementia, who are potentially willing to participate in studies. In the West, we have taken the message to the streets and are working with NHS, primary care and academic partners to ensure that researchers promote the system and use it to its full capacity.

Results
The West has become the most successful network in the country, with 1,400 registrations. By March 2016, 18% of those recruited to dementia studies in the West were recruited via Join Dementia Research. The target for the launch year was 3%.

Don't Wait to Anticoagulate

According to Dr Jim Moore, a GP in Cheltenham, the condition atrial fibrillation (AF) needs to be addressed in primary care as a matter of urgency, and progress is best achieved through a balanced and honest dialogue with patients about the risk of stroke and the potential benefits of treatment. Our Don't Wait to Anticoagulate project is helping us achieve just that.

“Atrial fibrillation (known as AF) is an arrhythmia; an abnormal heart rhythm. It affects around 1.7% of the general population and is a major cause of stroke. In any given year, 1 in 20 patients with AF will have a stroke.

The increasing focus on this high risk population is very welcome but in my opinion long overdue, which is why I'm a keen supporter of the Don't Wait to Anticoagulate project.

Thousands of strokes in the UK are avoidable with both the timely identification of patients with AF and the appropriate management of their risk with anticoagulation. Anticoagulation is the use of medication for what's commonly called 'thinning the blood'. In fact, it reduces certain factors in the blood associated with clotting and in doing so is very effective in reducing the risk of stroke.

Evidence about the use of anticoagulants in the treatment of AF related stroke has been

around for some time but the more recent introduction of newer anticoagulants, along with the publication of the updated NICE guidelines in 2014, has been tremendously important in increasing overall awareness of this important clinical area.

The management of stroke risk in AF should be seen as a priority and is best achieved through a balanced and honest dialogue with patients about the risk of stroke and the potential benefits of treatment. Don't Wait to Anticoagulate is helping us achieve just that.

The information materials and toolkits produced as part of the project have been developed to assist both patients and clinicians in their decision-making, ultimately leading to a personalised package of care. It would have been very difficult to have successfully rolled out a project of this sort without the support and expertise of the West of England AHSN. ”

During phase one, working with 11 innovator GP practices...

 **2,435**
2,435 AF patients were reviewed.

133  133 patients are now being anticoagulated, improving rates by 8.21%.

 **£163,205**

Modelling shows that we have saved between five and seven strokes; a potential saving of up to £163,205.

Challenge

The risk of stroke is five times greater in patients with AF, and strokes suffered by patients with AF tend to be more severe.

Strategy

The Don't Wait to Anticoagulate project offers a range of toolkits for clinicians, pharmacists and patients to support shared decision making and optimise anticoagulation for patients with AF, supported by quality improvement (QI) and clinical skills training.

In phase one, we tested the project with 11 GP practices. It is now being tested in a further 52 practices across Gloucestershire, and evaluated by the University of the West of England.

Phase three will see roll-out across our other CCG areas and in partnership with other AHSNs. We are working with the University of Bath to model impacts of AF management on health and social care systems.

Result

We have seen improved patient care, increased confidence in shared decision making, and improved working practices in AF care pathways through a multidisciplinary approach.

“Thousands of strokes in the UK are avoidable with appropriate management of their risk with anticoagulation.”

Dr Jim Moore, Senior Partner,
Stoke Road Surgery, Cheltenham

WE DELIVER

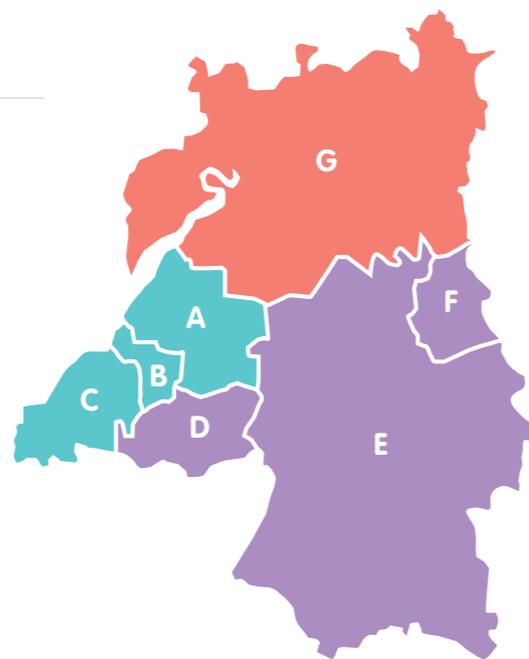
Looking Ahead

Sustainability and Transformation Plans

The West of England AHSN is actively supporting the development and implementation of the three Sustainability and Transformation Plans (STPs) in our area. Our three health communities or STP 'footprints' are: Bristol, North Somerset and South Gloucestershire; Gloucestershire; and Bath & North East Somerset, Swindon and Wiltshire.

The aim will be to develop a new approach to help ensure that health and care services are planned by place rather than around individual institutions.

- A South Gloucestershire
- B Bristol
- C North Somerset
- D Bath and North East Somerset
- E Wiltshire
- F Swindon
- G Gloucestershire



The Primary Care Collaborative

In May 2016 we will launch our first Primary Care Collaborative. Up to 20 primary care practices have been identified from across our seven clinical commissioning groups (CCG) to form the first cohort. This collaborative will form part of the wider West of England Patient Safety Collaborative.

The initial aim of the Primary Care Collaborative will be to promote a safety culture in the primary care setting through the use of incident reporting, leading to better outcomes for patients. It will also

increase awareness amongst practice teams of the patient safety agenda, while promoting an open and honest culture.

Additional benefits for practices will include improving preparation for Care Quality Commission (CQC) inspections and the revalidation and appraisal process for all staff.

Each practice will complete a patient safety culture survey and we will support practices with tools and training in Quality Improvement (QI) methodology, enabling the identification of opportunities to improve patient safety. Practices in the collaborative will come together

at four learning and sharing events during 2016/17.

Alison Moon, Transformation & Quality Director for Bristol Clinical Commissioning Group (CCG), says:

"It is really positive working with the AHSN on the primary care programme. There's a combination of energised joint working, a structured improvement approach and the sharing of best practice and experiences, which gives us a really good chance of achieving our shared objectives on patient safety."

www.weahsn.net/primary-care-collaborative

Quality Improvement for digital best practice

The West of England already benefits from the Connecting Care Partnership, a national digital exemplar programme connecting data across and between 17 organisations, spanning three health and social care communities.

In 2016/17 the West of England AHSN will support the partnership to spread the Connecting Care shared care record across the region, using Quality Improvement (QI) techniques and

methodology. This will also support the development of our Sustainability and Transformation Plans (STPs) and Local Digital Roadmaps (LDRs).

Continuous improvement cycles will support greater alignment of the benefits offered by the Connecting Care shared care record to specific care settings and pathways, and will strengthen the case for digital change in line with national targets. The knowledge shared will provide a best practice toolkit for digital transformation, giving a lasting legacy for technology enabled change across the region.

Andy Kinnear, Connecting Care Programme Director at the South, Central and West Commissioning Support Unit, says:

"Connecting Care is delivering the technology platform for a shared care record for health and care professionals across Bristol, North Somerset and South Gloucestershire. To truly realise the benefits from this investment, the Connecting Care and West of England AHSN teams are using QI techniques to help our care professionals support our public and patients in the best way possible. This is another great example of a partnership approach."

Diabetes Digital Coach

The West of England has been selected as an innovation test bed to help people with diabetes self-manage their condition using remote monitoring and coaching technology. It is one of seven test beds announced by the NHS as part of a major new drive to modernise the delivery of healthcare.

The Diabetes Digital Coach programme is led by the West of England AHSN, as part of a consortium with a range of technology and evaluation partners. It will bring together digital health self-management tools (such as wearable sensors to apps that monitor insulin levels) with the latest developments in connecting monitoring devices – the Internet of Things (IoT).

The programme will enable people with Type 1 or Type 2 diabetes to



Members of the Diabetes Digital Coach team at the NHS Test Bed launch in London

'do the right thing at the right time' to self-manage their condition, and will encourage more timely and appropriate interventions from peers, healthcare professionals, carers and social networks. Over two years, the project will recruit 12,000 people with diabetes across the West of

England to use and help evaluate a range of technologies.

The Diabetes Digital Coach test bed marks a new way of working at scale in partnership with the business sector, combining innovation from a wide range of sources – from large corporates to SMEs.

Genomic Medicine Centre

Patients in the West of England are set to benefit from a new NHS Genomic Medicine Centre based in Bristol.

A partnership made up of NHS provider organisations, universities, the West of England AHSN, NHS commissioners and patient organisations has been designated the West of England NHS Genomic Medicine Centre (WEGMC).

The centre is part of the three-year project launched by the Prime Minister, to transform diagnosis and treatment for patients with cancer and rare diseases.

This involves collecting and decoding 100,000 human genomes – complete sets of people’s genes – that will enable scientists and doctors to understand more about



specific conditions. It could allow personalisation of drugs and other treatments to specific genetic variants.

Clinicians from the hospitals involved will recruit potentially eligible patients. Then patients choosing to be involved will take part in a test which will then be processed in a lab at Southmead Hospital, before being sent nationally for sequencing.

Some of the patients involved could benefit from a quicker conclusive diagnosis for a rare and inherited disease or cancer because treatment may be targeted at a particular genetic change.

Adele Webb, who has been involved in the patient and carer interviews to help plan the new service, says:

“I am delighted the West of England has been successful in its application to join the 100,000 Genome Project. This is our chance to contribute to an initiative that has the potential to impact not only on the health of people across the world, but also for future generations of our families. Since I have personal experience of a rare disorder within my family, I am particularly heartened to know that we can contribute towards the research that is so vital.”

www.weahsn.net/genomic-medicine-centre

Community Education Providers Network

A project was launched in April 2016 to develop Community Education Provider Networks (CEPNs) across the South West.

CEPNs are an exciting new development intended to support primary care provider communities.

The potential of community based networks to identify workforce and training needs and to respond and

deliver on these is recognised by Health Education England (HEE) as an important step in sustaining and transforming primary and community care.

In the South West, the establishment of these networks is being driven by a joint Health Education England and West of England and South West AHSN collaboration, and in the longer term it is intended these networks become self-supporting and directing.

The two AHSNs will continue to work closely with people in primary

and community care to develop a series of networks over the next two years.

Natasha Swinscoe, Chief Operating Officer for the West of England AHSN, says:

“General practice and primary care are the bed rock of the NHS. We will be supporting our colleagues in the CEPN network to think about and try out new and innovative roles and models of care, which will support the new workforce we need in our primary care teams.”

Design Together, Live Better – in the cloud!

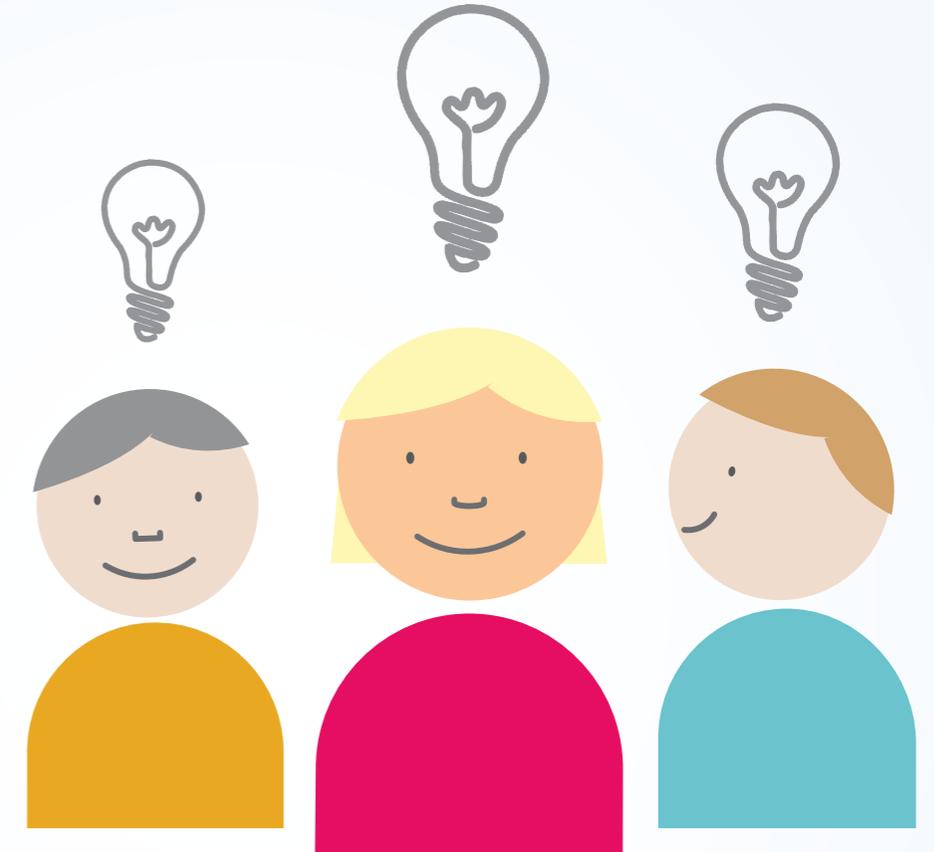
We are taking our Design Together, Live Better initiative (see page 14) to the next level, continuing to connect citizens (be they patients, carers, family or friends) with innovators to co-create new healthcare solutions based on real needs and test new concepts and developments.

We are building a Citizen Innovation Platform where members of the public can sign up to become part of our Design Together, Live Better online community. This will directly connect citizens interested in creating and being involved in the design of new, innovative healthcare products with innovators of new technologies and solutions.

By joining our community, citizens will be able to:

- Co-create and co-design new health solutions
- Beta-test innovative products in development
- Help shape new concepts and developments
- Tell us about their needs and what solutions they want to see developed.

We will also be running challenges where we will ask people to identify theme areas based on people’s needs and then throw down the mantel to citizens and innovators to come up with new solutions using co-development and co-design processes.



Lars Sundstrom, Director of Enterprise for the West of England AHSN, says:

“We need to make better use of people’s insights into their own conditions and lives; they are the experts in what would make life easier and, more specifically, what’s missing and what could be created to help.

“Our new innovation platform will do exactly that by putting people in touch with each other, to co-design and co-create the next generation of innovative healthcare products so that they precisely match currently unmet needs. I am really excited about this - it could be a real game changer!”

About the West of England AHSN

The West of England Academic Health Science Network (AHSN) is one of 15 AHSNs across England, established by NHS England in 2013 to spread innovation at pace and scale.

As the only bodies that connect NHS and academic organisations, the third sector and industry, we are catalysts

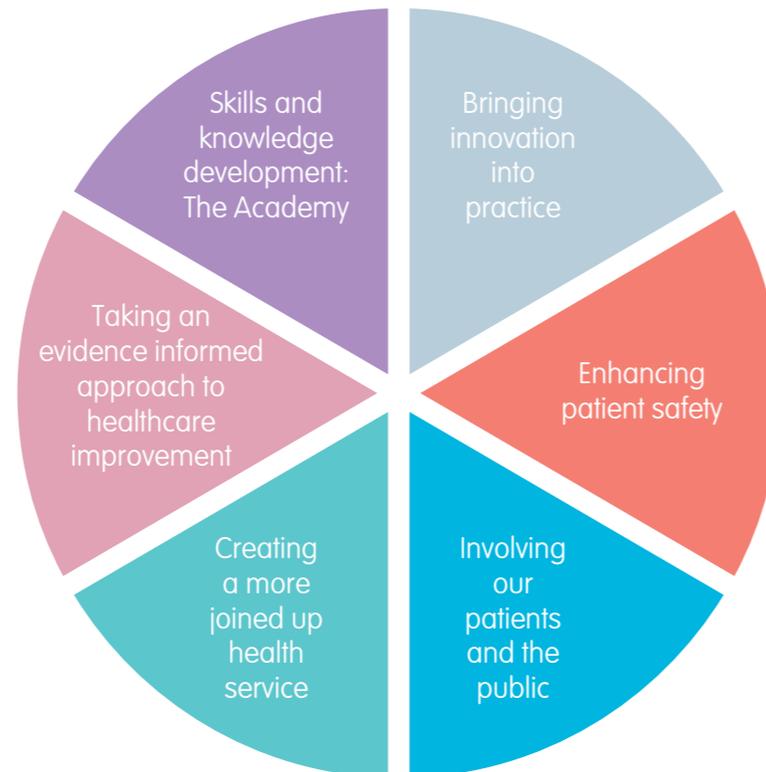
that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for citizens.

Here in the West of England, we are delivering positive healthcare outcomes by:

- driving the development and adoption of innovation
- supporting the adoption and spread of evidence-informed practice
- enhancing economic growth through collaboration and partnership.

What do we do?

We provide a wide range of support to the West of England's healthcare sector to ensure the very best care and experience for patients and the provision of best value services. This includes:



Who are we?

We are a network of member organisations.

Clinical commissioning groups

- Bath & North East Somerset
- Bristol
- Gloucestershire
- North Somerset
- South Gloucestershire
- Swindon
- Wiltshire

Acute trusts

- Gloucestershire Hospitals NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- North Bristol NHS Trust
- Royal United Hospital Bath NHS Trust
- University Hospitals Bristol NHS Foundation Trust
- Weston Area Health NHS Trust

Community health service providers

- Bristol Community Health
- Gloucestershire Care Services NHS Trust
- North Somerset Community Partnership
- SEQOL
- Sirona Care & Health
- Wiltshire Health & Care

Universities

- University of Bath
- University of Bristol
- University of the West of England

Mental health trusts

- 2gether Partnership NHS Foundation Trust
- Avon & Wiltshire Partnership Mental Health NHS Trust

Ambulance trust

- South West Ambulance Services NHS Foundation Trust



Find out more and get involved

Whether you are a member of the public, an academic, researcher, healthcare professional, innovator or entrepreneur, there are many ways to receive support from or get involved in the work of the West of England AHSN.

If, like us, you are passionate about bringing increased innovation into healthcare, sharing best practice and driving forward evidence-based improvement, then we want to hear from you.

Drop us a line or give us a call to find out more. You'll also find a wealth of information and inspiration on our website, in our monthly e-newsletter and shared via our social media channels.

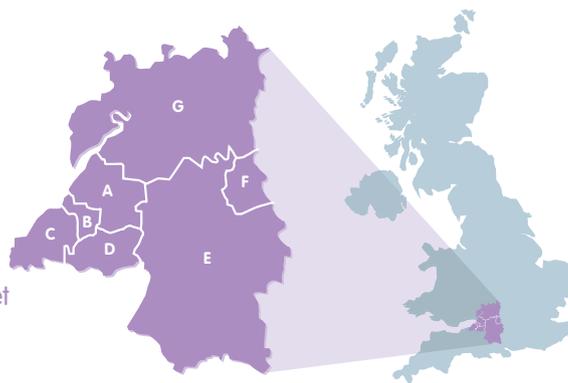
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A South Gloucestershire
B Bristol
C North Somerset
D Bath and North East Somerset
E Wiltshire
F Swindon
G Gloucestershire



This report is also available in large print (16pt) for people who are visually impaired. If you wish to receive a copy, please call 0117 984 1629.



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Academic Health
Science Network