

Innovate

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Issue 14

Spring 2019

Innovation | Improvement | Impact



An innovative approach to innovation

we examine the work commissioned
by the Office for Life Sciences

Funding opportunities

Engineering and Physical Sciences Research Council

Healthcare technologies discipline hopping call

The scheme is targeted at individual researchers who wish to develop their research in healthcare technologies by developing new skills and collaborations with other disciplines and end users.

Deadline: Open call

More information: tinyurl.com/y7xn7xqs

National Institute for Health Research

Health Technology Assessment Programme - researcher-led

Proposals should normally evaluate the clinical and cost effectiveness of a health technology. For diagnostic technologies, researchers may suggest equivalent evaluations.

Deadline: 15 May 2019

More information: tinyurl.com/y587x7eo

The Health Foundation

The social and economic value of health

An open call for innovative research on the social and economic value of health in the UK.

Deadline: Open call

More information: tinyurl.com/ya6vkrch

Wellcome

Innovator Awards

These awards support researchers who are transforming great ideas into healthcare innovations that could have a significant impact on human health.

Deadline: Open call

More information: tinyurl.com/gvr2zqv

Insight

This year got off to a racing start with the launch of the NHS Long Term Plan at the start of January, and it hasn't shown any sign of slowing down since!

With a clear emphasis on research and innovation for patient benefit, the plan gives a renewed vote of confidence in the AHSN network to spread proven healthcare innovations.

As the feature on our Clinical Networks shows we're involved in a range of activities to support our STPs in achieving their goals and ambitions. We hear from three of our Clinical Leads in the piece (page 4), and each references how their work supports our STPs' wider aims, as well as giving details of what the networks are achieving clinically.

Our Innovation Exchange feature (page 8) details how we're working with industry and the health system to identify, test and roll out innovative solutions to health challenges.

One of the partners that we'll be working with is the NHS Innovation Accelerator (NIA). We were thrilled to see that the Surrey High Intensity Partnership Programme: Serenity Integrated Monitoring project was featured in the NIA's recent report, which looked at the role of adopting organisations in enabling the uptake of innovation. Find out more about the NIA and its work on page 12.

Finally I'd like to draw your attention to page 6, which details the Real World Validation work of our Data Analytics team. By bringing a Quality Improvement approach to data analytics, they're able to offer our industry and NHS partners amazing insights into the value and impact of new innovations.

As I said, 2019 got off to a real sprinting start didn't it?! I hope you enjoy reading this edition of Innovate, and I look forward to bringing more news of our partners' work, and our own, in the next edition.

Best wishes



Guy Boersma

Managing Director

KSS AHSN

Network to success

We hear from three of our Clinical Leads on how their networks are supporting the work of the region's health economy.

In its first five years, KSS AHSN has built on the strong clinical networks that were established through the region's Enhancing Quality and Recovery programmes.

We now have six distinct clinical networks covering PReCePT, Enhancing Safety, Atrial Fibrillation, Respiratory, Leadership Culture and Capability, and Deteriorating Patient.

As well as bringing clinicians together to collaborate, share best practice and implement new pathways, we ensure that our networks are closely connected to innovation and industry through our Bridging the Gap programme.

Below we hear from three of our Clinical Leads on their work, and how it supports the goals and aspirations of the region's STPs and beyond.

Find out more

www.kssahsn.net

Quality Improvement

Tony Kelly, National Clinical Lead for National Maternal and Neonatal Health Safety Collaborative

Kent Surrey Sussex Patient Safety Collaborative has made substantial inroads into raising the profile of Quality Improvement (QI) work across the region, with more than 1,075 members in its Improvers Network and over 140 from the region recruited into Q – a national support network for those involved in QI.

However, while an organisation may have a number of individuals trained in QI, where does that capability go? Does it stay in the organisation or can it be made available to the system?

Discussions of this nature are growing in pace across Kent, Surrey and Sussex and we're

influencing and directing those conversations.

We've already carried out some work with Surrey Heartlands, alongside the Institute of Healthcare Improvement, as it develops its system-wide QI strategy to provide better care, better value and better health.

Understandably STPs have spent their time and resources on establishing themselves as new organisations. Now that their working governance is settling down it's quite right that they are developing their approach to QI.

However I think it's fair to say that a QI approach represents a relatively new way of thinking at an organisational level, and is quite

novel at a system level. Yet the improvement that's needed will not happen unless there's a system wide approach to QI.

This is why our work is now focussed on encouraging system level thinking about capability development.

We've run regional programmes and imparted national roll outs for the last five years. We know how to do QI at scale, and can play the part of an external critical friend that looks at the whole system in a way to see what's needed.



Atrial Fibrillation

Richard Blakey, GPSI in cardiology, East Sussex

Our approach is to play a supportive role to allow GPs to be more efficient in their work to identify and treat AF. The network is well placed to do this - we formed our AF Alliance in 2016 and as a result have great connections across industry and the NHS, both regionally and nationally.

As a clinical network we focus on identifying large scale issues. A major part of our work has been looking at unwarranted variation at all levels, from practices to GPs to STPs. We know that there will always be variation, but by understanding those differences we can work to close the gaps.

For example, use of anticoagulants has changed in the last couple of years, and we're advising STPs on the implications of that, and working in specific areas where we can focus on the safe prescribing of drugs.

By far one of the strongest elements of our work has been around data. Through this we've been able to address a range of issues over how data is collected, and have been able to identify barriers to identifying individuals with AF.

As a result of this we were able to form a strategic part of the national partnership to provide

CCGs with digital AF detection devices, of which more than 500 have been distributed across the region.

We are currently the most successful AHSN in the country in terms of identifying undiagnosed AF, a result of both our system level approach and the strength, experience and commitment of the team at KSS AHSN.



Medicines Optimisation

Liz Butterfield, Pharmacist, Fellow and Board Member Royal Pharmaceutical Society

Medicines Safety is a key theme running through all KSS AHSN Medicines Optimisation workstreams.

The statistics are stark – 17% of hospital admissions of people over 65 years are medicine related, and 70% of these are preventable.

The NHS spend on medicines is approaching £20bn per year, accounting for £1 in every £7 of NHS funding, so it is important to maximise the value and minimise the risks.

Our Medicines Optimisation Programme has a huge portfolio with three key areas - Transfer of Care around Medicines (TCAM); reducing risks to patients by supporting improvements to reduce Medication Errors using tools such as PINCER; and Polypharmacy. Patient and Public Engagement is also a priority.

As a taster of our work...

- We are working with our STPs to develop our offer of support around medication errors including possible roll out of PINCER
- The three ICS/STPs within KSS have agreed to AHSN support with TCAM
- We're helping The North Place of Sussex and East Surrey to think about a system's approach to Deprescribing. We've had a huge interest from system leaders around this work, and have also been able to place a Darzi Fellow to work on the project at a system level
- Our work around reducing levels of problematic polypharmacy in Brighton is being hailed as an example of good practice by the World Health Organisation in

its global challenge to reduce medication errors by 50% in five years. This work is now being expanded with four CCGs and an acute trust. Reporting in April, this will help support the national care home programme of work

- We're supporting Sussex Partnership Trust in communicating and presenting the findings from its STOMP work, which is aiming to stop over medication of people with a learning disability, autism or both. We are now working with all STPs to support this.

Medicines Optimisation is an area where KSS AHSN can add real value. We can support the collection of data, and then deliver visual reports that clearly show a project's impact in a way that appeals to a range of audiences.



Real world validation

The role of data analytics in supporting the spread and adoption of new technology in the NHS.

While it's widely acknowledged that changes in technology will go a long way to help the NHS meet its future challenges, the pace and scale of change is immense.

And in such a fast-paced environment, how do you make sure that you're making the right changes? Traditional clinical research can take years to come to fruition - time that the NHS simply doesn't have - and the rise of big data means the amount of information on which to make a decision can often be simply overwhelming.

These problems are the type that Richard Lee-Wright, Chief Analytics and Evaluation Officer, and his team grapple with every day.

"In healthcare everything needs to be evidence based, and to collect that evidence you need the data to back it up," Richard said.

"But simply having the data isn't enough - you need to understand what the data you've collected is truly telling you and what it could potentially tell you."

While Richard acknowledges that there is a definite role for structured academic research, he argues that there is more than enough space, and a definite need for, an alternative approach.

"We bring a Quality Improvement approach to analytics. We discretely remove ourselves from that academic research approach, which is rightly regimented and structured," he said.

"We can produce reports and reviews within three to six months, providing the evidence that the NHS needs, at a systems level, to make pragmatic, evidence-based decisions."

In addition to approaching evaluation from a health economics analysis perspective, the team is also able to measure how new technology is implemented.

"It's not unusual for a new product or service to have a strong business case, yet to fail in its implementation," Richard explained.

"We're able to look at some of the softer environmental measures of success that wouldn't be picked up in clinical research, such as whether training has been suitable, or whether it has the backing of the nurses."

The KSS AHSN analytics team also works closely with industry. Many of these clients meet the Office for Life Sciences criteria set out to create economic growth, and therefore receive subsidised support from KSS AHSN, while others fully self-fund and some

receive part-funded support.

As well as being able to access insight into the NHS system through KSS AHSN's wider Innovation Exchange services (see page 8), commercial firms benefit greatly from receiving impartial third party evaluation from KSS AHSN.

"A positive evaluation can help their case for future spread. If the evaluation is less positive it will provide learnings and recommendations on the areas they can unblock to make it suitable," Richard explained.

"We can also help them to develop a costing model, determine who their target audience is, and bring up a range of questions and options that they haven't necessarily thought of.

"For example, our health economics analysis enabled one company to reshape its approach, moving from creating a tangible product to realising the value actually existed in just utilising the algorithm that sat inside the product."

[Find out more](#)

www.kssahsn.net

The power of linked data sets

KSS AHSN and Beautiful Information - a NHS/private partnership offering unique real-time information to NHS Trusts - held a joint conference at the end of 2018 to explore linked data sets for population health management.

Marc Farr, Founder of Beautiful Information and Director of Information for East Kent Hospitals NHS Foundation Trust, tells us more.

A huge amount of data already exists, and thanks to the Internet of Things, which connects everyday objects via the internet, more data is becoming available.

For example, imagine a set of scales that calculates an individual's BMI and sends it to their GP. If you link that information with data from their supermarket loyalty card, which will show dietary

habits, and tie that in with socio-economic and hospital data you can start to plan services around that person.

At East Kent Hospitals we're looking to link police and NHS data to create a model that can predict domestic violence. The police has people it thinks are in danger, but doesn't know how often these people are going to hospital. Sharing that data could be invaluable in predicting abuse. At Beautiful Information we're concentrating our efforts around the early detection of cancer, in the context of the new NHS Long Term Plan.

The aim of our conference was to coalesce a group of experts to discuss how to make it quicker and simpler to link data sets for the greater good.

We looked at a range of issues including legal and ethical governance, the technicalities of the work, the development of research questions and what we're doing around AI, machine learning and model building.

Linked data sets clearly have a vital role to play in population health management and the Kent Integrated Data Set (KIDS) is already providing us with some fascinating insights.

The plan is to replicate the KIDS across the region and nationally, and Beautiful Information and KSS AHSN are at the forefront of that movement.

[Find out more](#)

www.esht.nhs.uk

www.beautifulinformation.org

An innovative approach to innovation

The new 'Innovation Exchange' model is set to improve the way AHSNs identify, test and roll out innovative solutions to health challenges.

Funded by the Office for Life Sciences, Innovation Exchanges create a coordinated, AHSN-wide approach to identify, select and support the adoption of innovations that improve our economy and patients' lives.

Rob Berry, KSS AHSN's Head of Innovation, says that the Innovation Exchange approach complements the organisation's existing support for health technology companies across the region, such as our Bridging the Gap service, which helps industry navigate the healthcare maze.

By being delivered across the AHSN Network, the Innovation Exchanges simplify access to regional and national opportunities for both industry and the NHS.

"Kent, Surrey and Sussex has the oldest patient demographic in England and the greatest workforce recruitment challenge. We've worked hard to address these issues through a range of offerings to innovators and the NHS, and we're now thrilled to be delivering the Innovation Exchange as a core part of our work," Rob explained.

Innovation Exchanges will identify and support the adoption of innovations on a regional and cross-regional basis through four key functions:

- Articulating need
- Signposting and support
- Real world validation
- Spread and adoption of supported innovations.

"These functions describe a comprehensive process to support and signpost technology companies, at whatever stage they are at, and to help meet the needs of our regional health and social care system," Rob said.

"We're looking forward to working with partner organisations, both from industry and the NHS, to deliver affordable, beneficial technology to patients across the region - and as a result to contribute to economic growth."



Articulating need

What's the issue?

There is an on-going challenge for health and social care staff to know what credible and affordable technologies are available.

Similarly, there's a challenge for technology companies to know what the health system's priorities are, what the realistic commercial opportunities are, how services are currently delivered and funded, and what validation of their technology is required.

These issues create delay in the identification, verification and adoption of technologies, reducing beneficial impact on patients, the wider population and health system efficiency.

Aim

To enable more effective engagement between the NHS and industry on priority challenges.

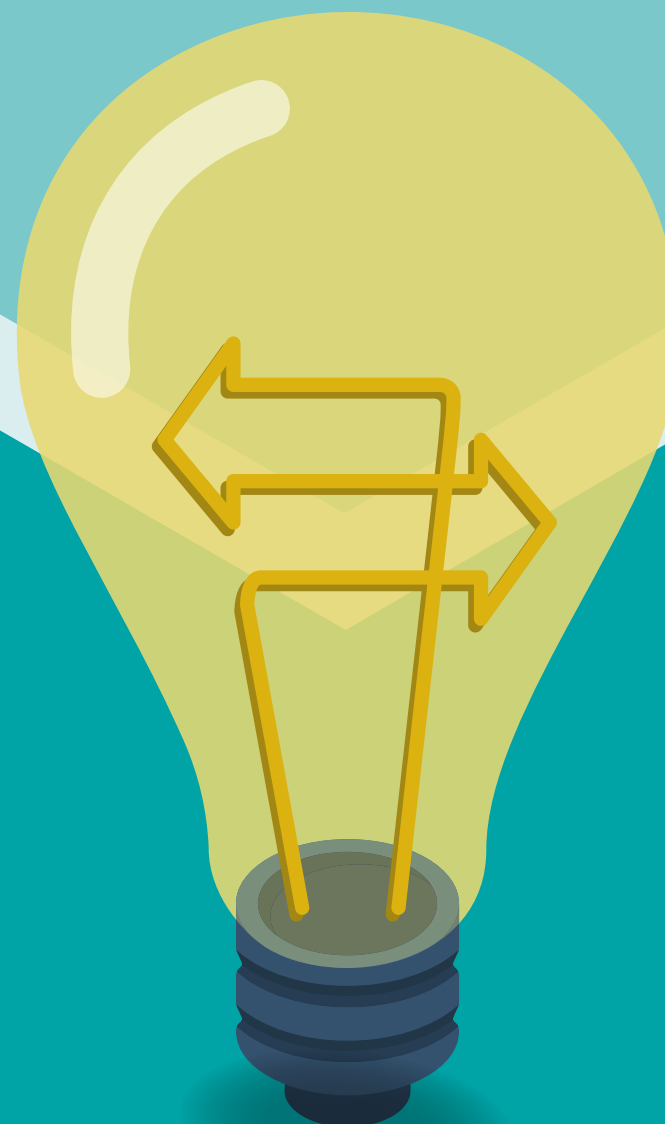
Approach

STPs have been working on their priorities for some time and may be advanced in their processes, but AHSNs can add value by assisting with the understanding of where technology and innovation can play a role.

We will research and publish information about the key areas where innovation can make a difference, based on discussion with NHS colleagues to understand the needs and challenges. These discussions will include a range of voices, including front line clinicians and users and carers, as well as commissioner and strategic change leads.

This approach builds on existing work with STPs, where we are supporting clinicians to discover which technology could help address some of their biggest challenges, and introducing them to relevant industry partners.

1



Signposting and support

What's the issue?

Health technology companies report that the innovation landscape is unclear and complex.

There is a cost to the NHS and the wider economy when products that could make a difference fail to be recognised, developed or adopted to their potential or in a timely manner.

2

Similarly, there are costs when products receive investment when they're not needed, not affordable or not ready.

Aim

To reduce costs and delays in healthcare innovation stemming from a healthcare innovation landscape that seems confusing to industry.

Approach

We are expanding our programme of events to ensure that innovators are

better informed about the NHS and how to work with it.

We can signpost to resources to support business development, and connect industry and investors who are looking for partners and specialist expertise.

Companies accessing our services benefit from facilitation and support for collaboration across all parts of the sector to turn innovations into commercial products and services. We also raise national and international awareness of the region's rich life sciences ecosystem and can signpost companies to resources across the AHSN Network.

This support will be delivered through a new partnership with MedCity, which promotes life sciences investment, entrepreneurship and industry in the wider south east region.

Spread and adoption of supported innovations

What's the issue?

The overarching aim of work under this function is to take a structured, focussed and pragmatic approach to the spread and adoption of both innovations coming through the successful execution of the three earlier functions of the exchange, as well as national programmes such as the Accelerated Access Collaborative (AAC).

Aim

To improve clinical outcomes, deliver better patient experiences, drive down the cost of care and stimulate wealth creation.

Approach

Discussions with, and evidence from, our key stakeholders across industry and health and social care have

highlighted that this is where AHSNs add the most value and where work is most challenging.

The complex interrelationships of organisations and professional disciplines across our geography can make it difficult for industry partners to effectively market services to the system. We are keen to ensure a balanced approach to spread across acute, community and primary care.

We will increasingly wrap our expertise in quality improvement methodology around our adoption approach to build capability within the health and care system. This will enable a focus on impact and value-add, engage clinical communities, give structure to our offer and ensure sustainable adoption of innovation in health care provision.

4

Real world validation

What's the issue?

Real world validation is a key process that enables wider spread and adoption of new solutions. It is often overlooked or avoided for a variety of reasons including a lack of awareness of purpose, complexity and cost.

As a result, many companies fail to create clear and compelling information, reference sites and associated material that will validate issues including acceptability, impact, costs and feasibility of adoption.

Lack of validation impacts the credibility of the technology. This in turn inhibits and sometimes prevents initial adoption and subsequent purchase, delaying benefits being received by patients, the wider population and the health system.

Aim

To ensure more technologies are sufficiently validated before wider spread and adoption.

Approach

As well as undertaking practical validations, we will create partnerships with academia, arms-length bodies and research organisations to support evidence review.

The overall intent is to validate the company's claims when their solution is delivered at scale and test the innovation's effectiveness in meeting local need.

Ultimately a successful validation helps confirm who the likely adopters are, and informs them about how to adopt with less risk.

A perception of faster subsequent diffusion will be an indicator of success. It may even also be the difference between whether a company succeeds or fails. Validation may also change the company's, and / or the commissioners', approach to meeting local needs.

3

Scaling the heights of innovation

As it enters its fourth year, we take a look at research from the NHS Innovation Accelerator (NIA) into the role that adopting organisation have when scaling innovation

The NIA is an NHS England initiative, delivered in partnership with the 15 Academic Health Science Networks (AHSNs) and hosted at UCLPartners.

Created to support delivery of the Five Year Forward View, the NIA supports spread of innovation for demonstrable patient and population benefit and provides real-time practical insights on innovation scaling to inform national strategy.

Each year the NIA has a research focus to inform how to scale innovations successfully in the NHS. To date that focus has concentrated on the innovator and innovation – the supply side of innovation.

However, over the last year it has been looking at the role of adopting organisations, with the aim of understanding the key factors enabling the uptake of innovation and to determine how decisions are made within NHS organisations.

Researchers chose nine of the 37 NIA innovations and carried out interviews with representatives from 13 of the NHS organisations that had adopted them.

The nine case studies have been analysed and put into a report, which was launched by Health Secretary, Matt Hancock MP, at the London Stock Exchange.

“There are pioneers across the NHS working incredibly hard to implement new technologies to support staff, make every pound go further and improve outcomes for patients – and they should be applauded for their resilience, commitment and tenacity,” he said.

“As part of our long-term plan for the NHS, we want to build an ecosystem of enterprise and innovation to allow new projects to flourish and my tech vision is the first step to making this ambition a reality.”



36

Fellows supported to scale 37 innovations



£79.25m
external funding raised



74

awards won



1,704

additional NHS sites using NIA innovations



287

new jobs created



21

NIA innovations spreading internationally

Case study: Surrey High Intensity Partnership Programme: Serenity Integrated Monitoring (SIM)

SIM is a model of care using specialist police officers within community mental health services.

It works to support people who are accessing mental health services and are struggling with complex behavioural disorders and often request emergency services whilst making limited clinical progress.

Together, they co-produce crisis response plans to help the person

find alternative ways of dealing with their crises that reduces risk, impact, harm and intensity.

Following an initial year-long trial in one area of Surrey, the project secured additional funding to extend coverage to all 13 Community Mental Health Recovery Service teams across Surrey and North East Hampshire.

There is now a national plan to roll out SIM as well as a clinical network to connect all the SIM based teams across the UK via www.highintensitynetwork.org. The AHSNs are supporting this process as part of a two-year national programme.

Top Tips

The report authors created a series of top tips for innovators and adoptors. For the full list, check out the report at tinyurl.com/y8bgxo9n

TIPS FOR INNOVATORS

- Map the adopter network early and comprehensively for each new NHS organisation you are working with.
- Differentiate the unique and generalisable features of the negotiation between the innovation and the organisational context (negotiation space) and communicate common adoption tasks to the impacted stakeholders as early as possible.
- Understand the pull factors for the adopter organisation and how these can be matched to available push factors.
- Capture the learning from the negotiation between the organisational context and the innovation to support other adoption journeys.
- Accept that the adoption process will be iterative, non-linear and uneven in progress.

TIPS FOR ADOPTERS

- Dedicate resources to engage the wide range of staff who will be involved in implementing the innovation and supporting the innovator.
- Engage with the push factors to clearly understand the available data and materials available to support adoption.
- Review and free up the necessary organisational capabilities to engage with and implement the innovation.
- Explore the experiences of other organisations in adopting the innovation.
- Accept that the adoption process will be iterative, non-linear and uneven in progress.

Find out more

www.kssahsn.net/industry

www.nhsaccelerator.com

Wear it well

A new initiative across Kent, Surrey and Sussex aims to increase correct oxygen prescribing and thereby reduce avoidable deaths as a result of incorrect use of oxygen

Medical oxygen is a drug which, although life prolonging or enhancing when used appropriately, without a correct prescription or with inappropriate provision, carries a potentially fatal risk. Today, oxygen should be prescribed to a target oxygen saturation range to maximise benefit and avoid possible harm.

Incorrect use of oxygen by over-oxygenation (hyperoxia) can cause avoidable deaths in those at risk of hypercapnic respiratory failure, for example those with Chronic Obstructive Pulmonary Disease (COPD) or a progressive neuromuscular condition such as Motor Neurone Disease. It is also linked to increased risk of death in stroke, ICU patients and survivors of cardiac arrest.

Sometimes, however, a patient with other chronic respiratory conditions, such as asthma or pulmonary fibrosis, may inadvertently be given too little, because of a misplaced fear of the above.

The KSS Oxygen Wristband project has been launched to improve the safety of care for patients at risk of oxygen toxicity as a result of an incorrect target oxygen saturation.

Community and Acute respiratory teams will categorise patients into one of three groups, and give them a colour-coded band which highlights their personal needs.

The initiative's launch coincides with changes to the National Early Warning Score 2 (NEWS2) system, which all Trusts will need to have implemented by March 2019.

A key part of NEWS2 is the correct scoring of recommended oxygen saturation in patients at risk of hypercapnic respiratory failure.

The Oxygen wristbands offer a simple, effective solution for hospitals as they implement NEWS2 to ensure patients are put on the correct scale, potentially reducing harm and ensuring deterioration isn't missed.

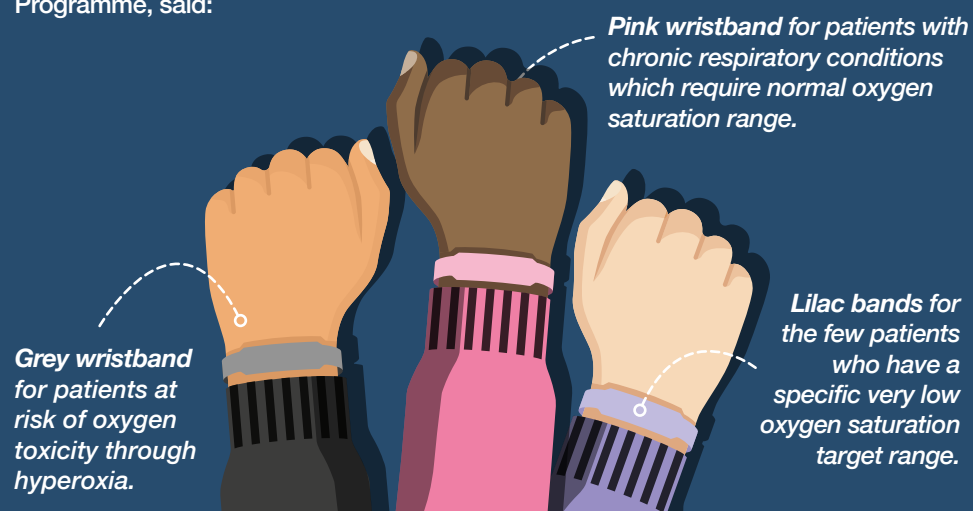
Commenting on the initiative, Julia Bott, Consultant Physiotherapist, Clinical Co-lead and Oxygen Clinical Lead, KSS Respiratory Programme, said:

"The British Thoracic Society audit has shown that current oxygen prescribing and monitoring are suboptimal. The beauty of the oxygen wristband system is that it acts as a simple, visual alert to everyone involved in a patient's care.

"We've had great support for the project, from across acute and community respiratory services, and it's especially rewarding to have had the South East Coast Ambulance Service (SECAMB) involved in its roll-out, as crews will be made aware of the significance of a patient wearing an oxygen wristband."

Find out more

<https://www.kssahsn.net/respiratory>



The KSS Oxygen Saturation Wristband Project is based on a successful pilot study carried out at Ashford & St Peter's Hospital NHSFT and a trial in the East Midlands, which showed:

- Improved prescription of target saturations from 85% in 2012 to 95% in 2013, with 86% of patients within the target range, compared to 78% in 2012
- 81% of patients with wristbands felt 'reassured' about appropriate use of oxygen
- 87% of patients found the wristbands comfortable with 71% intending to continue wristband wear at home
- Relatives felt more aware of the use of oxygen and 92% of relatives felt more reassured about the care the patient was receiving.

Upcoming events

5 April

Effective Non-Medical Prescribing in End of Life Care, HC-UK Conferences, London

This national conference provides an essential update for current and aspiring non medical prescribers on prescribing at the end of life.

tinyurl.com/y8k3gf6t

10-11 April

HSJ Provider Summit, Nottingham

The place for provider chief executives and board members to share best practice and ensure effective delivery against national targets.

tinyurl.com/yausfkrv

April 30

Population Health: Prevention is Better than Cure, Open Forum Events, Manchester

Delegates will be able to hear about the contents of the new Prevention is Better than Cure policy paper, discover what the ambitions are for future public health outcomes and how the green paper that is to be published in 2019 will help deliver the objectives.

tinyurl.com/y6mcfjr

30 April

Towards population health systems: what next? King's Fund, London

The move toward place-based population health has been reinforced by commitments set out in the NHS long-term plan, but how should health systems respond?

tinyurl.com/yagumwd6

6 June

Introduction to Human Factors in Healthcare (NHS Places), London

This programme is for those who wish to develop their understanding of the science of Human Factors.

tinyurl.com/yajk3qc7

Get in touch

innovate@kssahsn.net

Innovation surgeries:

bridging the gap between industry and the NHS

“The workshop helped us define a strategy to approach the NHS, and more importantly stopped us from going down dead-ends, and losing time.”

Entrepreneur and CEO
digital health company

“The surgery was invaluable in helping us to develop our insights, challenge our assumptions and highlight the areas we need to focus on.”

Director, specialist pharmacy

“The surgery provided a valuable insight into the NHS purchasing methodology and budget status. To have access to such experienced experts via a free to join membership organisation is remarkable in today’s world.”

CEO medical device design company

Do you have a new product or technology ready for use in the NHS?

Are you trying to find your way through the healthcare maze?

Struggling to make sense of NHS finances?

Our new innovation surgeries can help. They aim to enable more patients to benefit more quickly from innovative products, treatment and technology.

Designed for companies with products on or near to market, each innovation surgery offers a confidential 60 minute discussion about topics such as:

- how healthcare funding might impact on your plans to sell to the NHS

- advice on approaching healthcare purchasers, and
- assessing your value proposition.

Advice is available for companies from every sector of the healthcare market.

To find out more, or to book, please email vivienne.gray3@nhs.net

