

Innovate

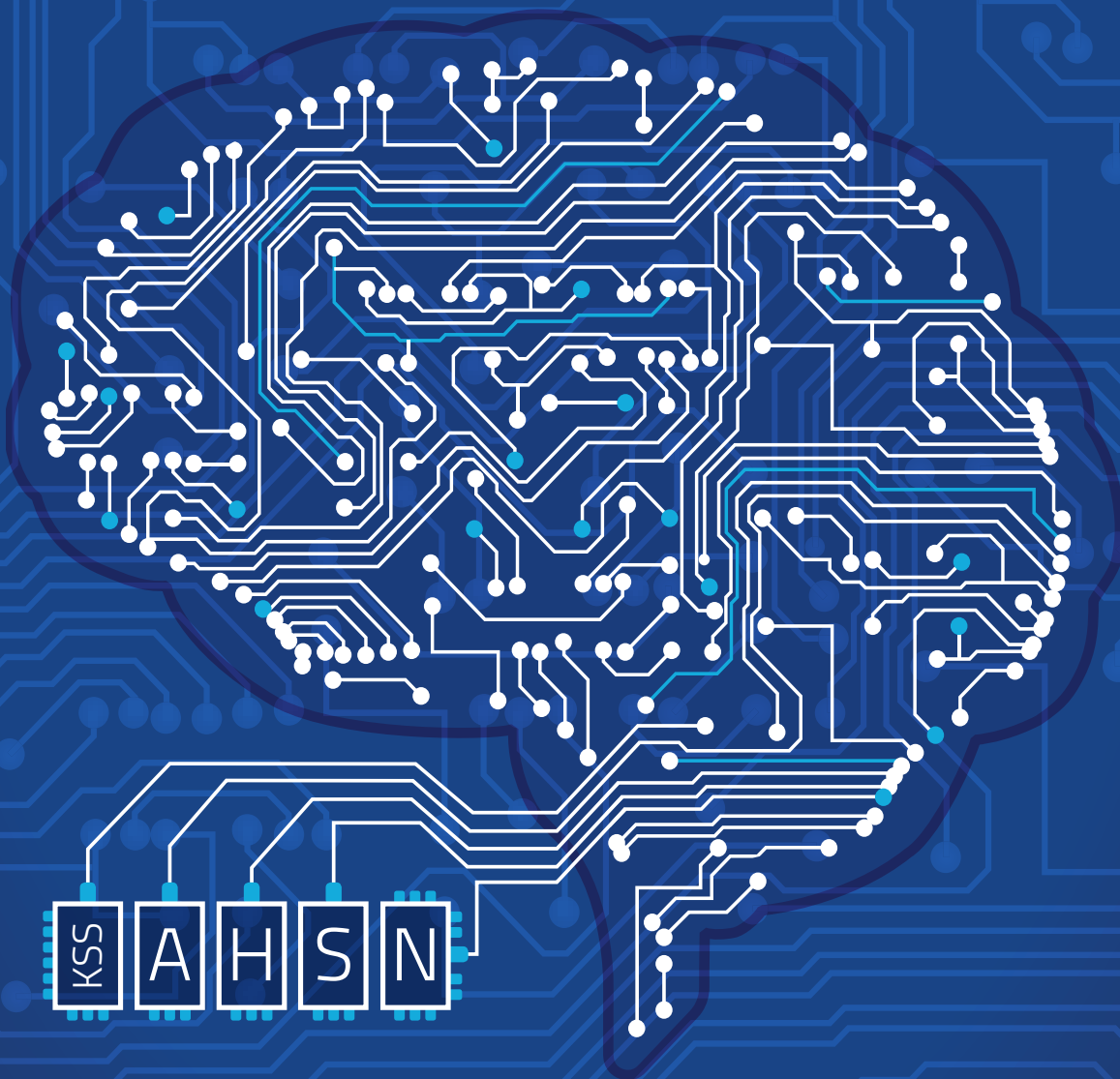
Issue 12

Summer 2018

Innovation | Improvement | Impact

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Taking the lead on AI

Artificial Intelligence in healthcare

Funding opportunities

The Dunhill Medical Trust Project Grants for development of care and support services for older people

The Trust is seeking time-limited projects which focus on the development of care and support services for older people which are innovative and/or based on evidence of best practice and which can become self-sustaining within a planned period.

Deadline: Ongoing

More information: <https://tinyurl.com/ybdf3rms>

National Institute for Health Research

Stage 1 applications are being accepted to the commissioned workstream for the topic: Enabling people to live well with dementia through interventions in a community setting.

Deadline: 24 July

More information: <https://tinyurl.com/ybyhlz7c>

Economic and Social Research Council

Research Grants Open Call

Proposals are invited from eligible individuals and research teams for standard research projects, large-scale surveys and other infrastructure projects and for methodological developments.

Deadline: Ongoing

More information: <https://tinyurl.com/y8rw9ywa>

National Institute for Health Research

Public Health Research Programme Rapid Funding Scheme

The Rapid Funding Scheme (RFS) offers researchers the opportunity to apply for funds to conduct rapid baseline data collection, as well as other feasibility work, prior to intervention implementation.

Deadline: 31 December

More information: <https://tinyurl.com/y7qcqv5>

Insight

We started to plan this edition of Innovate at around the same time that we were starting to see a series of separate reports about the capacity and pace of change in the NHS when it comes to new innovations.

Each report came at the issue from a different perspective (see page 4 for more information), and while each showed that there are some barriers to adoption, the overall sense was that, as the King's Fund put it, 'Entrepreneurship is alive and well in the NHS'.

This is certainly the case across Kent, Surrey and Sussex, where I'm constantly impressed by the work of our members and STPs in delivering real change within our healthcare community, and beyond.

Throughout this issue you'll read about Kent and Medway's stroke review (page 10), which is reorganising stroke services into three new hyper acute units, and is set to offer treatment rarely seen outside of a neuroscience centre.

Dr Ansari and his colleagues at Surrey and Sussex hospitals are using an online app to put patients at the heart of their own care, and off the back of this are able to offer more clinically and cost-effective treatments to those with Inflammatory Bowel Syndrome.

We're also carrying news of the latest initiatives from around the AHSN Network which will be set to benefit patients and the NHS in numerous ways (page 16).

These are exciting times for the NHS, and one of the developments that I'm most excited about is the ever expanding use of Artificial Intelligence within healthcare.

KSS AHSN is taking a national leadership role in assessing the current and future opportunities that such technology can bring. You can find out more about where we are and where we're going with the AHSN Network AI initiative on page 8.

Best wishes



Guy Boersma

Managing Director

KSS AHSN

Supporting the spread of innovation

A trio of recent reports and papers have been released since the start of the year, each taking a different perspective on how to spread innovation within the NHS. We talk to Rob Berry, KSS AHSN Head of Innovation, about the process, and what KSS AHSN is doing to support innovation in the region.

The fact that new ways of delivering services are needed, and the vital role that innovation and technology can play in achieving that, is not disputed.

The Five Year Forward View, published in 2014, outlined the need to 'capitalise on the opportunities presented by new technologies and treatments'.

Since then there has been a great deal of work around the adaptation of new technologies, not least by the national AHSN network.

Yet there is still a feeling that the NHS is slow to adapt new technologies, both from within the healthcare system and from the perspective of technology companies.

A trio of recent reports have looked at the issue from varying perspectives. Combined, they give a view that the NHS is a place where entrepreneurship is alive and well, yet, there are a range of barriers that prevent it from happening.

Rob Berry, Head of Innovation at KSS AHSN, said that innovation is vital to transform and care lives.

"By working with our members, individually and at STP level, we can help them overcome some of the barriers to adoption and develop solutions that enable the spread of well evidenced, beneficial innovations."

A key part in that process is Bridging the Gap (BTG), which sees KSS AHSN helping companies navigate the healthcare maze, saving them time and money.

Rob said that BTG aims to counter the problem of two-way blindness.

"The NHS can not see all the products that are out there, there isn't a catalogue of everything. Companies with products find it hard to engage with the right people and sometimes do not know who to talk to. That's why we've got BTG. It's not a case of one side or the other being at fault – everyone wants the NHS to be the best it possibly can."

Once an innovation has been proved as ready for wider adoption, Rob said it's important to raise awareness of the innovation.

"The NHS is great and varied, and one specific innovation is not going to be a priority to everyone. When the Value Proposition is clear and the Budget Impact model validated, it is often clearer who is likely to adopt a particular technology and who it is not," he said.

"Some barriers are insurmountable, others may be possible to overcome if they are understood well and the intervention has accounted for them from the outset.

"It's the AHSN network's job to make sure that people don't feel that they're being forced to look at products, and that we ensure we talk to the right people about the right products."

One of the paradoxes around change through innovation is that sometimes when conditions necessitate change, the less able an organisation may be

able to make those changes. Finance for example is rarely in abundance in challenged organisations.

"With hindsight it's arguable that the level of increases in funding given during the early to mid 2000s would have enabled the Five Year Forward View to have come about," Rob said.

"But with that level of increased funding and short term need, it didn't do so. Now the health system needs to change there is no equivalent level of increase in funding."

Rob said that the NHS performance management and assurance processes have created a tension in doing for now rather than creating space to do things better in the future.

"If the performance management process drives people to spend all of their funding on short term but very important targets, then the system is constrained in its ability to invest for the future," he explained.

Find out more

www.kssahsn.net/industry

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The Kings Fund Ideas that change healthcare Adoption and spread of innovation in the NHS

King's Fund: Adoption and Spread of innovation in the NHS

An independent report commissioned by six AHSNs, this paper looks at what can be done to facilitate faster adoption and spread of service innovation.

<https://tinyurl.com/yc2tzapn>



Health Foundation: Some Assembly Required

Lessons from the vanguard sites of the new care models programme in England.

<https://tinyurl.com/y7kouogu>



Why the NHS is still struggling to make the most of new innovations

Nuffield Trust: Falling Short: Why the NHS is still struggling to make the most of new innovations

A look at why the NHS has struggled to adopt new innovations, with a particular focus on medical technology or 'MedTech'

<https://tinyurl.com/ycymntb5>

OUR JOURNEY

It's five years since the AHSN network was formed. We look at what we've achieved across Kent, Surrey and Sussex in that time, and take a sneak preview on plans for the coming year.

5 year figures

Number of people benefitting from AHSN activity

146,303

Number of sites that have implemented AHSN-led/enabled innovations

694

Amount of investment leveraged

£8.73m

Highlights from 17/18

- We remain on track to achieve our projection of £300m of value-for-money benefits by March 2018
- We have leveraged more than £5m of investment into the region through projects such as ADAPT – which aims to tackle mobility and isolation problems faced by elderly and disabled people, See What I See remote clinical assessment and Mouth Care Matters
- 18,717 patients have benefited from our work

Supporting our STPs

Working with our STPs we have...

- secured a piece of work with the Digital Programme Board to horizon scan for New Models of Care that are supported by technology for the Kent and Medway STP
- led and facilitated events for the Sussex and East Surrey STP on the 'Connected Care Assessment' which has had very positive feedback
- helped secure £75k investment into the Surrey Heartlands STP from The Health Foundation to support the establishment of a Surrey Integrated Data set (SCALE)
- continued to support Frimley STP with their Dementia horizon scanning and the development of a system wide transformation dashboard.

Delivering on our objectives

KSS AHSN set itself three key objectives when it was formed in 2013, and we're proud to say that we've more than met the challenge!

1	Improved clinical outcomes	✓
2	Supported healthcare research	✓
3	Assisted healthcare industry innovators	✓

With a total ROI of **£8.73m**

Future plans

We asked our Managing Director, Guy Boersma, for the lowdown on the KSS AHSN Business Plan 2018-2020. Here's what he told us:

"Our plan for the next two years is all about improving clinical outcomes, delivering better care experiences, driving down the cost of care through innovation, and stimulating wealth creation.

"AHSNs play a unique role in enhancing the health and wealth of our nation. By bringing together industry, academia, voluntary organisations and the NHS, AHSNs bridge the gap between innovation and patient benefit.

"In Kent, Surrey and Sussex, it's all about making a difference where we can add most value to the work of our partners across health and social care. In particular that means supporting the region's Sustainability and Transformation Partnerships as they accelerate their pace of delivery for patients and residents.

"We now have central support from NHS England, NHS Improvement and the Office for Life Sciences meaning we can bring even more investment and resource into the region in our second licence period."

Taking the lead on Artificial Intelligence

KSS AHSN is taking a national leadership role in assessing the opportunities that Artificial Intelligence offers to healthcare and citizens.

In just the five short years that the AHSN network has been in existence, the importance and prevalence of digital technology and artificial intelligence (AI) in healthcare has risen exponentially.

KSS AHSN is set to take a national leadership role within the AHSN network around the opportunities provided by AI.

We are leading the AHSN Network AI Initiative to develop a network that brings people together to tackle the biggest challenges facing the health and care system, and helps to change and mature the relationship between people and technology.

Guy Boersma, MD of KSS AHSN, said that this initiative will help to connect the future possibilities of innovative technology with the real world health and well-being issues we face today.

"While AI is developing and gaining traction in the consumer market, covering everything from smartphones to home heating systems, the market for AI in healthcare is quite immature," he said.

"Yet there's no doubt that it offers great potential for revolutionising the way that care is provided, and to empower citizens to receive the care they need, where they need it and when.

"The initiative sets out to help the NHS and citizens to get the most out of this new technology today, while looking to see how this fast-moving industry can be harnessed to provide the healthcare solutions of tomorrow."

Find out more
www.kssahsn.net
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Diabetes Digital Coach

This Test Bed gives the opportunity for healthcare commissioners, hospitals and community providers to work with a number of companies with self-management products already on the market in order to experiment with and evaluate different innovative approaches and technologies. It is led by the West of England Academic Health Science Network and funded by the Department of Health and Social Care through Innovate UK.

Dover Dementia Village

The project seeks to design a new model of care to be used in the adapted houses at the Dover Dementia Village and facilities at Gillingham, and Zorgsaam, Holland.

It involves working with citizens and healthcare professionals to determine needs, evaluating how technology can be deployed to support people living with dementia and staff. This includes determining which sensors, platform, software etc will make up the starting technology configuration and how this data will be analysed, interpreted and used by staff.

Leading Places

Home to 120 residents, the living lab offers an arena for testing and developing prototypes alongside mature products and services. The products and services chosen to be part of the living lab are those with the greatest potential to improve welfare services, reduce public sector costs and enable healthy living as a whole.

The living lab builds on work that started as part of the Leading Places initiative. It's a collaboration between the University of Brighton, Brighton and Hove City Council, Brighton and Hove Clinical Commissioning Group and KSS AHSN.

TIHM for Dementia

The project sees people with dementia in Surrey and North East Hampshire benefiting from an innovative two year project that uses technology to enable them to live in their own homes for longer.

Individuals and their carers are provided with sensors, wearables, monitors and other devices, which combine into an 'Internet of Things' to monitor their health at home. The information from these devices helps people take more control over their own health and wellbeing, with the insights and alerts enabling health and social care staff to deliver more responsive and effective services.

Sussex and East Surrey STP End of Life Care

The project offers a unique opportunity to introduce quality improvement across the entire end of life care pathway.

Drawing together all the key stakeholders across health and social care we are mapping the current fragmented end of life care landscape, identify local, national and international best practice, establish cooperative networks and coproduce innovative solutions in end of life care with patients and their families.

Improvement across this particular care pathway will also offer concurrent improvement opportunities as well as significant savings potential in other overlapping areas like care for dementia, cancer, and frailty.

Reviewing stroke services across Kent and Medway

We look at how Kent and Medway STP is reviewing its stroke provision to ensure patients get access to state of the art, innovative services.

There are around 3,000 stroke patients a year for whom a Kent and Medway hospital is their nearest, and how well people recover is affected by the speed and quality of treatment.

Despite their best efforts, the way stroke services are currently organised, and a shortage of specialist staff, means the majority of Kent and Medway's hospital stroke services do not consistently meet national standards for clinical quality.

"Back in 2010, some stroke patients in Kent and Medway were receiving some of the best treatment and care in the country," said Dr David Hargroves consultant stroke physician at East Kent Hospitals and clinical lead for the Kent and Medway stroke review.

"We've seen great innovations in stroke care over the last decade, and it became clear that we needed to look at how we were providing services across the region."

Four year review

The Improving urgent stroke services review was launched in late 2014, with a detailed review of hospital-based urgent stroke services for Kent and Medway.

Clinicians from stroke services, general practice and the ambulance service have led the review and developed the proposals, engaging with patients, the public, staff and other stakeholders throughout.

"I've been a doctor for 21 years and have never been involved in such a thorough process as this," Dr Hargroves said.

"It really has been a journey with multiple episodes of engagement, and we've really heard what the patients and members of the public have said."

Three stroke units

The consultation process has shortlisted five potential options for where three hyper acute stroke units could be located.

Many factors have been taken into consideration in choosing the locations, not least travel time, and patient influx from bordering regions in East Sussex and south east London.

Regardless of the final location, Dr Hargroves said the review offers the chance to bring real innovation to stroke provision across Kent and Medway.

"The current service is simply unsustainable. Staff pressure around working unsocial hours has seen a third of consultants leave to take up roles in organisations that have already reorganised," he said.

"By creating three units we'll be able to look at the structure of, and opportunities for, our staff. We'll be able to create highly specialist teams, based on competency rather than qualifications.

"There's a lot of duplication in stroke medicine, so we're looking to streamline the process so that patients get more therapy time with one individual, which we know will lead to better outcomes.

"Other services have looked at this approach, but not to the extent that we're planning."

Gold standard scans and procedures

The review will also look to offer mechanical thrombectomy within one of the proposed units.

Around 7% of stroke patients may benefit from this complex procedure to remove blood clots in the brain with an 'over the wire direct approach', and Kent and Medway will have one of the few centres in the county performing the procedure outside of a neuroscience centre.

The final innovation comes around brain imaging – gold standard scans, which are currently only available in limited settings in the region, will become standard.

But the review's focus is not purely around treatment. Stroke is one of the most preventable diseases, and prevention awareness is being built into the plan.

Focusing on prevention

Additionally, K&M STP is taking part in the national trial, supported by KSS AHSN, of AliveCor devices – mobile ECGs that can detect Atrial Fibrillation, a major cause of stroke.

"There's no doubt that one of the most important interventions around stroke is preventative measures. AF detection and anticoagulant treatment is the most preventable primary intervention to reduce stroke incidence, and ties in with the Department of Health and Social Care's soon to be released national stroke plan," Dr Hargroves said.

Kent and Medway's stroke review is now entering its final stage, with the consultation period closing on 20 April 2018.

After this, an independent report will be compiled and the stroke programme board will make recommendations to the 10 CCGs. They will be asked to consider all the feedback from the consultation and make a decision on the future shape of hospital-based urgent stroke services at a public meeting in the autumn. Services are expected to roll out over the following 18 months.

Clinical and financial benefits

Dr Hargroves said that as well as making clinical sense and improving patient outcomes, the review makes sense financially.

"As with most innovations in health care, the change will come at an initial cost, due to the need to invest in staff and technology.

"But the review's financial model is very sound. There will be an initial outlay of £40m, but within 5-10 years we will start to see significant savings.

"Most importantly, we'll be able to offer patients a significantly improved chance of surviving stroke and leaving hospital less disabled."

Find out more

www.kentandmedway.nhs.uk/stroke/

Driving engagement across Surrey Heartlands

Surrey Heartlands Health and Care Partnership came together in 2016 around a plan to improve the quality of health and social care services to deliver enhanced well-being of local people and improved access to health and care services with better outcomes.

The challenges to achieve this are well documented, from increasing demand to the cost of more sophisticated treatments and workforce and financial challenges.

We look at how the partnership is engaging with the health and care community, industry and citizens to develop services in a new way.

Expo

Technology, and the innovation it drives, hold great potential for healthcare, but one of the great challenges is determining which technology offers the greatest benefit.

Recognising this, Surrey Heartlands (SH), in collaboration with KSS AHSN, recently staged its inaugural Surrey Heartlands Expo event to bring together the best of industry and health and social care from across Surrey.

The event showcased some of the most creative collaborations and innovations, as well as proving an opportunity to plan how to drive the use of these innovations at pace and scale through clinical transformation work.

It took the format of a large scale 'conference style event' with a range of break-out sessions and 'industry huddles'.

Planned jointly by SH and KSS AHSN, the event was designed to deliver on a range of objectives, including engagement with senior and clinical leads and wider colleagues; showcasing best practice and new products and services to enable faster spread and adoption into clinical practice; enable engagement between industry and health and social care in Surrey Heartlands, and to enable patients to benefit from better products and services.

More than 300 people attended the event, which was held at Sandown Park Racecourse, Esher. The day's programme included a number of keynote speeches, including a presentation by Chris Ham, Chief Executive of the King's Fund, on how integrated care systems are leading improvement and innovations across the healthcare sector. Other sessions included a leadership panel Q&A, Darzi project updates and the pilot of Pathways for Care – a smart technology being used in Epsom Health and Care.

Commenting on the Expo, Mark Hamilton, Executive Clinical Director, Surrey Heartlands Academy, said the event was not a one-off event, but the start of a wider piece of connected work.

"The expo was a great success, and it was fantastic to offer key stakeholders from across the region the chance to learn more about the range of great technologies that could benefit our citizens," he said.

"We're now looking to create a series of connected activities that will enable us to harness the energy of the event, and the experience and enthusiasm of our delegates, to develop and drive our priority workstreams."

Citizen engagement

Citizen led engagement and communications is one of Surrey Heartland's enabling workstreams, and the organisation is taking an innovative approach when it comes to inviting its population to help co-design health and social care service improvements.

The organisation has been invited to help NHS England develop the national approach to the gathering of patient insight and feedback and its use in shaping services.

Working with the King's Fund, NHS England wants to better understand how insight and feedback generated through engagement can be fed directly into improvement initiatives, service design and cross organisational working.



Surrey Heartlands will initially work with the King's Fund to undertake a literature review to understand how public sector systems effectively mobilise the knowledge generated through its insight and feedback system.

At the same time, the team will be working with some of the Surrey Heartlands clinical workstreams to design and carry out pilot projects where insight and feedback from patients, clinicians and stakeholders can be systematically fed into the development of services.

The eventual aim of this work is to develop a template for effective engagement and knowledge mobilisation in Surrey Heartlands.

The partnership has also worked with Healthwatch Surrey to recruit seven Citizen Ambassadors to ensure that local people's voices are properly heard in plans to determine the future of NHS and social care services in Surrey.

Sarah Parker, Director of Transformation at Surrey Heartlands said: "It's vital that we are able to engage with citizens around the planning of future health and social care, as they can provide valuable insights into the nature of our future services, and how they're delivered."

"This is a really exciting time for our partnership, as we work on national projects while strengthening our citizen engagement at a local level. Each of these elements will be invaluable in supporting our social research and co-design of health and care."

Find out more
www.surreyheartlands.uk/
comms.surreyheartlands@nhs.net

Flare to Care – a patient centred approach

An online platform that empowers patients to play an active role in managing their disease, as well as offering them access to innovative treatments, is being extended across Surrey and Sussex Hospital Trust.

Ulcerative Colitis and Crohn's Disease are the two main forms of Inflammatory Bowel Disease (IBD), affecting more than 300,000 people in the UK.

Symptoms of IBD can flare up at any time, and it's vital that patients receive treatment promptly at the time of the flare – something which the conventional diary-based outpatient model cannot always accommodate.

To date, more than 400 patients at East Surrey Hospital have been using Patients Know Best (PKB) - an online platform that gives patients full control of their medical records and a range of tools - to help them better self-manage their condition and remotely communicate with their clinical teams, if and when they need.

Creating 4,000 expert patients

PKB was rolled out to approximately 4,000 IBD patients across Surrey and Sussex Healthcare NHS Trust (SASH) as a pilot project initially funded by Janssen, a pharmaceutical company of Johnson & Johnson, and subsequently supported by local Clinical Commissioning Groups.

The trial is part of a wider initiative to harness technology and empower patients, giving them greater control over their own health and treatment.

Dr Azhar Ansari, project lead and consultant gastroenterologist at SASH said that IBD is a complex, long-term condition that requires clinicians to be in close, regular contact with the patient.

"Patients often experience distressing flare-ups of the disease which can require urgent hospitalisation," he said.

"However, through using PKB, the patient can self manage their condition far more effectively and warn us before problems occur. In many cases we can avoid A&E visits and that's good news for the patient – and for our hospital."

Building on success

Traditionally IBD patients would be offered azathioprine, the side effects of which can cause up to 50% of patients having to swap to an expensive monoclonal therapy.

Instead, patients are given a lower dose of azathioprine combined with allopurinol. The effective, low cost treatment is better tolerated by the majority of patients, compared to azathioprine on its own.

Prior to treatment, a simple and readily available blood test that checks for an enzyme level encoded by the TPMT gene can show how an individual will more accurately process azathioprine. The dose can then be lowered to a level that the patient can tolerate, but still derive clinical benefit from.

PKB has allowed Dr Ansari and his team to undertake the mandatory monitoring of azathioprine at scale non-face-to-face. Patients can quickly flag up side effects via PKB, enabling early intervention for those that need it.

"The cost implication is huge, as the next line of treatment for those taking

azathioprine only is a monoclonal therapy, which can cost £10-15000 a year," Dr Ansari explained.

"The combined low-dose azathioprine allopurinol treatment costs £200 a year, and is delivered as a daily tablet, rather than an injection or hospital-based infusion. The economic cost to the patient is therefore greatly reduced, as they don't need to take time off work for their treatment."

Workforce benefits

The approach is paying dividends for patients and the hospital. ESH has around 4,000 IBD patients, and the national IBD Standards published by the British Society of Gastroenterologists recommend a clinic that size would need four full time IBD consultants and three IBD Clinical Nurse Specialists.

Dr Ansari's team is half that size and has been able to provide excellent care thanks to the fact that patients with the most severe form of IBD are able to benefit from the combined therapy and PKB. In order to become a resilient service as more patients enrol onto PKB, further clinical nurse specialists and administration staff are required but without the increase in consultant staff. Through consultant supervision, clinical nurse specialists and administrators upskill in IBD enabling the service to develop its out-of-hospital experience.

	Azathioprine/6-Mercaptopurine (6MP) at full dose, single therapy	Low dose AZA/6MP with Allopurinol (LDAA)
Time to full effect if tolerated	12-14 weeks	Within 12 weeks
Overall side effect rate	40%	5-10%
Overall positive response to treatment	40-50%	70-75%
Need for recurrent hospital visits or advice	50-60%	20-25%
Impact on days off work to attend hospital appointments related to treatment	On average 4-7 days/year	On average 1-2 days/year
Estimated cost avoidance through LDAA use versus single therapy for the SASH population (high cost drugs, hospitalisation, operations) - £4,000,000		

As well as representing a shift in the model of care provided, this approach also needs a new strategy when it comes to funding.

"What we're doing at ESH strips out the 12 month follow up system, which is an obsolete way of running a service," Dr Ansari explained.

"But what this means is that rather than funding the service based on activity, Clinical Commissioning Groups need to look at a value-based or outcome-based model of funding.

"Our outpatient clinics will always be at capacity, but this is an opportunity to free up space for patients that need to be seen immediately, and provide an alternative for those with less severe symptoms not needing face-to-face appointments."

KSS AHSN support

Commenting on the initiative Guy Boersma, Managing Director at KSS AHSN, said:

"By using existing drugs in a new way, and bringing in new technology that allows patients to monitor and better understand their condition, we are seeing a real step change in the way the patients with IBD are being treated.

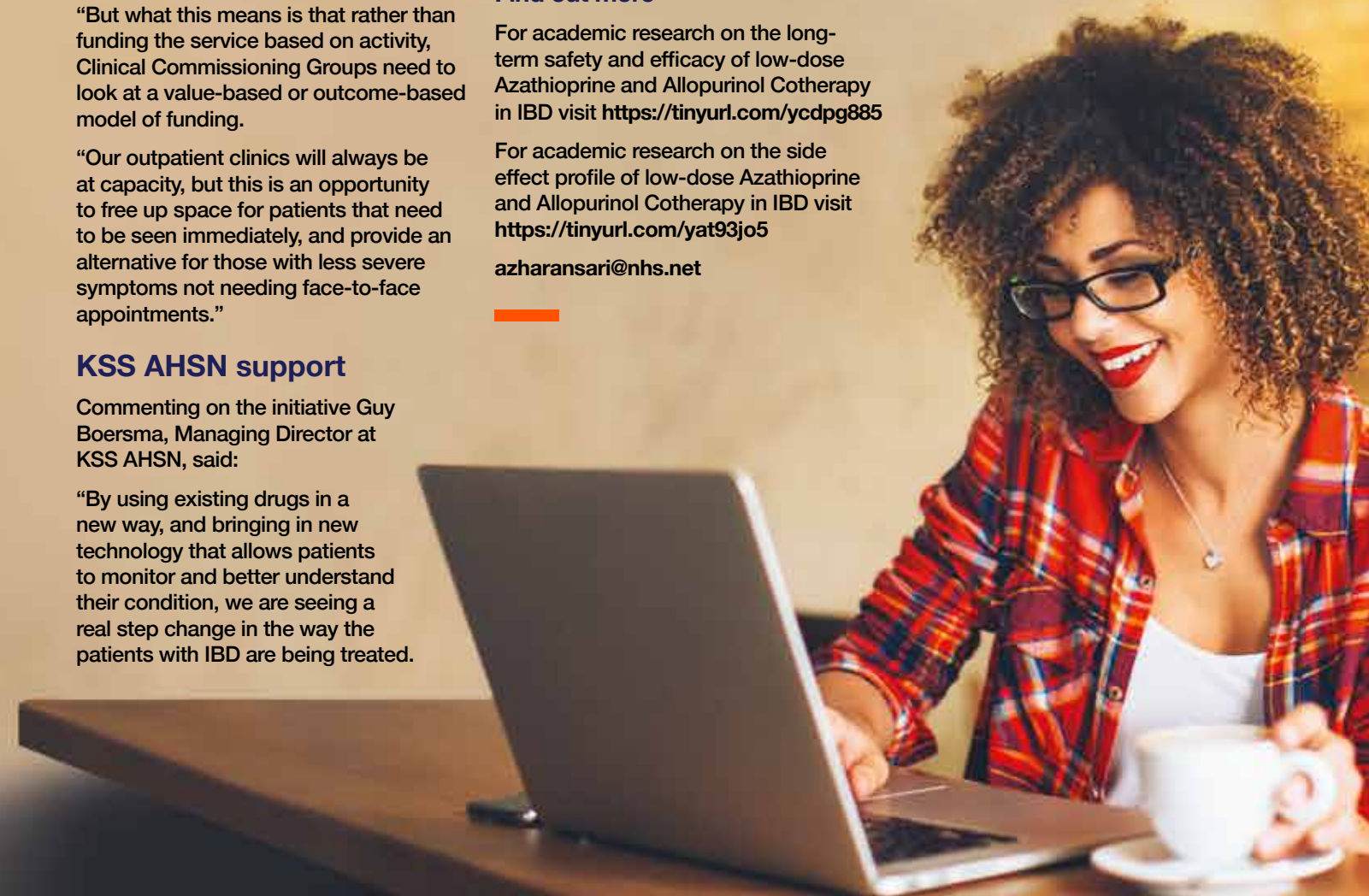
"This is exactly the kind of innovative approach that AHSNs are keen to promote, and we're thrilled to be supporting Dr Ansari in this work."

Find out more

For academic research on the long-term safety and efficacy of low-dose Azathioprine and Allopurinol Cotherapy in IBD visit <https://tinyurl.com/ycdpg885>

For academic research on the side effect profile of low-dose Azathioprine and Allopurinol Cotherapy in IBD visit <https://tinyurl.com/yat93jo5>

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AHSN Network news

There are 15 Academic Health Science Networks (AHSNs) across England, established by NHS England in 2013 to spread innovation at pace and scale – improving health and generating economic growth.

Each AHSN works within its own area to develop projects, programmes and initiatives that reflect the diversity of its local populations and healthcare challenges. However, they share common priorities which include promoting economic growth, diffusing innovation and improving patient safety.

We bring you a round up of some of the exciting new projects and opportunities taking place across the AHSN network.



15

Musculoskeletal, falls, fractures & frailty: showcasing projects from the AHSN Network

A new guide showcases the extensive range of programmes being delivered by the AHSN Network to improve clinical services in the areas of musculoskeletal (MSK), falls, fractures and frailty – all key priorities for the NHS.

Collectively, MSK, falls, fractures and frailty have a major detrimental impact on patients, families and carers, and are a major cost to the NHS.

With a growing and ageing population, health and social care services need to be proactive in their response to this challenge. While many different clinical pathways and services are provided to manage these four problems, there are clear links between them.

Across the 15 AHSNs there is a wealth of experience and practical skills in working with NHS organisations to improve clinical services in these clinical pathways, with service evaluation projects that have been shown to improve patient outcomes and deliver more efficient use of resources.

The guide features 30 separate projects, including KSS AHSN's Fractured Neck of Femur Care Bundle, and its Frailty Pathway Programme.



Speeding up access to the latest digital health technologies

At the end of February, small and medium-sized enterprises across four UK regions were able to compete to join innovative regional digital health accelerators, launched for the first time outside of London, to help develop and deploy digital solutions to some of the most pressing challenges facing the NHS.

The new scheme builds on the success of the London-based DigitalHealth.London Accelerator, and has launched across AHSNs covering East Midlands, Manchester, and South West England.

Each accelerator will select companies with digital innovations that match NHS needs. By speeding up access to the latest digital technologies, the accelerators will ensure that thousands of people benefit from latest technologies to improve their health and that high potential companies grow faster, supporting economic growth across the regions.



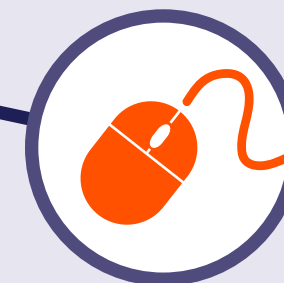
AHSN Atlas of Solutions in Healthcare

The AHSN Atlas is an online resource that shares some of the very best examples, from across the AHSNs, of how to spread high impact innovation across the health and care system.

It features case studies from our 15 AHSNs, which you can search for according to the Five Year Forward View gaps, by AHSN location, or by AHSN priority area – or use our Advanced Search function to search across all three criteria at once.

The latest additions are:

- An innovative approach to End of Life Care education – (UCL Partners)
- Faecal Calprotectin Pathway – (Yorkshire and Humber AHSN)
- Better care for people with psychosis thanks to joined up approach across southern England – (Oxford AHSN)
- Successfully deploying a unit dose, closed loop medicines management solution – using robotics to reduce medicines waste and improve patient safety – (East Midlands AHSN)



Thousands of patients to benefit from increased diagnosis of irregular heart rhythms

Innovative technology is being rolled out by AHSNs across the country to prevent strokes in an NHS England-funded project.

More than 6,000 devices, including mobile electrocardiogram (ECG) units, have been distributed to GP practices, pharmacies and NHS community clinics across England.

The range of tech being rolled out can detect irregular heart rhythm quickly and easily, enabling NHS staff to refer any patients with irregular heart rhythms for follow up as they could be at risk of severe stroke.

Official figures show that more than 420,000 people across England have undiagnosed irregular heart rhythm, which can cause a stroke if not detected and treated appropriately, usually through blood-thinning medication to prevent clots that lead to stroke.

As part of the initiative, KSS AHSN has distributed 543 AliveCor mobile ECG devices and will monitor their usage. It will report on the impact made from the devices in order to reduce the AF prevalence gap across Kent, Surrey and Sussex.



Find out more

For further details on these, and other projects visit www.ahsnnetwork.com

Supporting safety culture – a new approach



Newly published research from Kent Surrey Sussex Patient Safety Collaborative gives guidance, and tools, on how organisations can successfully develop their safety culture.

Safety culture is generally seen as the bedrock of safety and quality improvement work. Therefore, unless you've got the right culture it's unlikely that you're going to see a significant improvement in patient outcomes.

For the past two years Kent Surrey Sussex Patient Safety Collaborative (KSS PSC) has been carrying out an evaluation of safety culture work in four acute settings across the south-east.

Tony Kelly, Clinical Lead for Leadership, Culture & Capability at KSS PSC, said that the organisation was keen to investigate safety culture work in the field.

"What we wanted to do is understand how safety culture actually works, or doesn't work, in context. Just dropping a project into an organisation doesn't necessarily mean it's going to be an effective intervention," he explained.

A modified approach

KSS PSC took a modified version of Yorkshire & Humber Improvement Academy's successful programme for assessing and improving safety culture in front line teams.

The project worked with teams across four large acute hospitals to embed a safety culture, and grow leadership and quality improvement capability.

Evaluation was carried out by the England Centre for Practice

Development (ECPD). Commenting on the research its Co-Director Professor Kim Manley said:

"The SCQIRE project endorses the importance of health care organisations investing in quality clinical leadership for safety cultures in frontline teams; organising facilitation support to embrace the values and diverse skillsets needed to make a difference through building on what works; and adding to our understanding about achieving culture change."

Tony Kelly said that KSS PSC has now created a series of tools and guidance that will give teams an understanding of the process and what to do and what to avoid.

"By modifying the Y&H model, we were able to build in capability and capacity for teams to run the project themselves, rather than it being driven by us," he explained.

"The evaluation helped us to determine that our model of delivery didn't alter the outcomes of the original model. Our research has shown that teams can be empowered to tackle their own safety culture."

Find out more

Visit www.kssahsn.net/SCQIRE
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Amongst its findings, the report showed that:

- Clinical leaders and front line teams, working where care is provided and experienced, are the most essential focus for achieving and sustaining safe, person-centred and effective cultures
- Investment in the role, skills and support of organisational facilitators to enable frontline teams to be effective, as well as growing collective and collaborative capacity for facilitation at all levels of the organisation, can help achieve the learning, development, improvement and innovation needed to keep patients safe
- A wide range of skills is needed for this, but the most essential is enabling participation and unpacking the 'why' as well as the 'what' of patient safety with frontline teams and their managers
- Success depends on providing role models committed to authentic leadership, engagement with front line teams and ability to influence connected quality improvements at all levels to promote effective 'bottom up' change for safety initiatives.

Upcoming events

8 June

Information Governance NHS Summit 2018: Ensuring Compliance with GDPR in Health and Social care, HC-UK Conferences, London

This National Conference focuses on Information Governance in Health and Social Care, ensuring demonstrable compliance with the General Data Protection Regulation (GDPR) which comes into force in May 2018.

<https://tinyurl.com/y9ss9fes>

13 June

KSS Diabetes Medical Technology Collaborative – Workshop 3, Crawley

A collaborative approach to enhancing clinical outcomes and quality of life for adults with Type 1 diabetes by improving access and use of medical technology.

<https://tinyurl.com/y7a6vnl1>

26 June

Innovation in health and care: overcoming the barriers to adoption and spread, The King's Fund, London

This one-day conference will showcase a number of different case studies that demonstrate the transformative power of simple, low cost innovations in improving health and care services and the dramatic difference these can make to people's lives.

<https://tinyurl.com/y8oqrr2h>

9-10 July

Patient Safety Congress, Manchester

The Patient Safety Congress aims to transform the UK's approach to delivering high quality care. It champions patient safety as the organising principle of a healthcare system which is truly efficient, effective and able to offer the best experience to patients and carers.

<https://tinyurl.com/yc26dks6>

25 & 26 September

UK Health Show, London

The UK's leading live event platform connecting senior healthcare decision makers, influencers and buyers from across the NHS and the entire UK healthcare sector focused on Technology, Cyber Security, Procurement and Commissioning.

<https://tinyurl.com/y9tm6j3b>

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

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?

“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

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

