Improving health and creating wealth in Wessex

Wessex Academic Health Science Network Annual Review 2015/2016
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Members and stakeholders

NHS Trust Members
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Dorset Healthcare University NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Isle of Wight NHS Trust
Poole Hospital NHS Foundation Trust
Portsmouth Hospitals NHS Trust
Salisbury NHS Foundation Trust
Solent NHS Trust
Southern Health NHS Foundation Trust
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust

Member Universities
Bournemouth University
Southampton Solent University
University of Portsmouth
University of Southampton
University of Winchester

Clinical Commissioning Group Members
Dorset CCG
Fareham and Gosport CCG
Isle of Wight CCG
North Hampshire CCG
North East Hampshire and Farnham CCG
Portsmouth CCG
South Eastern Hampshire CCG
Southampton City CCG
West Hampshire CCG
Wiltshire CCG

Stakeholders
Clinical Research Network
Health Education England (Wessex)
NIHR CLAHRC Wessex
Industry
NHS England Wessex Area Team
Strategic Clinical Networks
Local authorities
Third sector organisations
The leadership team

Fiona Driscoll, Chair
Fiona specialises in designing transformation strategies and operational plans to deliver successful outcomes across the public, private and third sectors. In the public sector, her work includes advice and support to Ministers and senior civil servants on cross-cutting programmes on efficiency, delivery, policy reform and IT strategy.

Bill Gillespie, Chief Executive
Bill is an experienced health manager who has worked at board level in health organisations in the UK and overseas for the last 15 years. Since returning to the UK in 2014, Bill has fulfilled a number of consultancy roles including support to the London Health Commission, South West London and St George’s Mental Health Trust, Katie Piper Foundation (health charity) and as Interim Regional Director of Specialised Commissioning for NHS England South, before starting with Wessex AHSN in January 2016.

Dave Meehan, Director for Partnerships and Deputy CEO
Dave has worked in the Wessex NHS for almost 40 years and held board positions for 20 years including Director and Managing Director of Clinical Services, Strategy, Service Improvement, Performance Management, Communications and Engagement.

Andy Burroughs, Director of Wealth and Enterprise
Andy has 25 years’ experience in a variety of sales and marketing roles operating across the public and private sector, and most recently was Director of Business Development at Tamar Science Park in Plymouth. Before that he was Director of Business Development at Ipswich Hospital NHS Trust and spent 10 years at Microsoft.

Caroline Powell, Director, Centre for Implementation Science
Caroline is based at the University of Southampton, working with all Wessex partners. Her career spans medical research, health services audit and improvement and senior management roles in the public and third sector.
Wessex Academic Health Science Network (AHSN) is a member organisation. Our twenty-six members work with each other and with a broad range of stakeholders to support the creation of well-being and wealth in Wessex through making innovation happen at speed and scale.

Our remit is clear: we connect NHS and academic organisations, local authorities, the third sector and industry. We help create the right conditions to facilitate change across whole health and social care economies, with a clear and consistent focus on citizens, service users and patients.

As well as transforming services through innovation, we play an important role in generating economic growth. We enable companies to grow, and create jobs by supporting the NHS and industry to engage productively; and by meeting the health needs of our populations, we help people stay well and in work. This report highlights our progress across our major quality improvement programmes, innovation and wealth initiatives. It also outlines where we have worked closely with other AHSNs: a way of working which will benefit people across Wessex and beyond.

We are fully aligned with NHS England’s Five Year Forward View and have a new business plan, which takes us to March 2018. At a time when policy makers are showing renewed interest in system change, Wessex AHSN is in a strong position to support our members on this journey.

Our work does not belong to a small organisation called ‘Wessex AHSN’ but to the wider network which develops and delivers it. Behind each project sits multi-disciplinary and multi-partner, cross-sector collaborations that have one thing in common: they can imagine a better future for the patients and population of Wessex, and they have the determination to help bring that future about. This report demonstrates the depth and breadth of our work – not just across Wessex, but also our collaborations to address issues of national importance.

2015-16 was a very successful year for Wessex AHSN, and we look forward to delivering more innovation throughout 2016-17.

Fiona Driscoll
Chair, Wessex AHSN

Bill Gillespie
Chief Executive, Wessex AHSN
How we are working with other AHSNs

The AHSN Network

Wessex AHSN is adopting the following programmes from other areas:

<table>
<thead>
<tr>
<th>Programme area</th>
<th>Details</th>
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<tbody>
<tr>
<td>Atrial Fibrillation</td>
<td>Discussions with West of England AHSN regarding their similar project; aim to use their learning, particularly in relation to the New Medicines Service.</td>
</tr>
<tr>
<td>Patient Safety Collaborative</td>
<td>Considering adoption of West of England Shine Emergency Department (ED) checklist.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Utilised learning from Yorkshire and Humber AHSN's Bradford Toolkit for improving physical health outcomes of people with severe mental illness. Shared their experiences and achievements with our local teams and applied learning to our Early Intervention in Psychosis programme to speed up progress.</td>
</tr>
<tr>
<td>Medicines Optimisation</td>
<td>Local adoption of the work of the PRECEPT project by West of England AHSN on administration of magnesium sulfate during premature labour. Complementary project on the purchase and use of safer magnesium sulfate products.</td>
</tr>
<tr>
<td>Wealth programme</td>
<td>Adopted a workshop on energy and sustainability from Oxford AHSN (April 2016).</td>
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Wessex AHSN is collaborating with other AHSNs in the following areas:

<table>
<thead>
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<tr>
<td>Nutrition</td>
<td>Joint commissioning of a Hydration Toolkit with Kent Surrey Sussex (KSS) AHSN, following initial work by Dr Sarah O’Callaghan in North East Hampshire and Farnham Clinical Commissioning Group (CCG). KSS extending this work across their area. Toolkit to be shared more widely via our website as part of our Nutrition in Older People programme; collaborative working with voluntary sector organisations and local universities working in this field. Evaluation partner for AHSN NENC Healthcall project; providing advice and direction on the project evaluation and data analysis support.</td>
</tr>
<tr>
<td>iSPACE dementia programme in primary care</td>
<td>KSS AHSN rolling out significant elements of our iSPACE programme. They have also adopted and modified the audit tool to create different levels of accreditation (bronze, silver, gold). Sharing a webinar programme with Oxford AHSN to maximise reach.</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>Working with UCL Partners to develop a community pharmacy competency package in collaboration with the Royal Pharmaceutical Society. Member of Atrial Fibrillation Association (AF) collaborative group, led by Yorkshire and Humber AHSN utilising its Innovation Exchange to share information (the group includes Atrial Fibrillation Association/Heart Arrhythmia Alliance).</td>
</tr>
</tbody>
</table>
Wessex AHSN is actively promoting the work of other AHSNs, including work of NHS Innovation Acceleration (NIA) fellows in the following areas:

<table>
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<tbody>
<tr>
<td>Patient Safety Collaborative</td>
<td>Sharing events and tools from other AHSNs via email with our network of project managers across Wessex.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Sharing programmes from other AHSNs with our stakeholders including Birmingham Rapid Assessment, Interface &amp; Discharge (RAID) model, Liverpool Memory Box Dementia work and East Midlands AHSN Advance Planning for People with Bipolar Disorder.</td>
</tr>
<tr>
<td>Medicines Optimisation</td>
<td>Promotion of West of England AHSN work on administration of magnesium sulfate during premature labour.</td>
</tr>
<tr>
<td>Wealth programme</td>
<td>Actively promoting meetings and events hosted by other AHSNs, e.g. Assisted Living Action Network (ALAN) through our website and newsletters.</td>
</tr>
</tbody>
</table>
Wessex Life Science Cluster (WLSC)

The WLSC is committed to supporting the health and life science industry across Hampshire, the Isle of Wight, Dorset and south Wiltshire.

During 2015, we launched the Wessex Life Science Cluster, comprising over 200 research active companies from across Wessex. Events, market briefings and export opportunities are available to members and a weekly podcast explores current funding opportunities.

Where requests meet with our funding criteria, we have also provided seed funding to pump prime research with clear commercial potential. Our support for three projects in 2015 has so far resulted in further inward investment to Wessex of £3.9M, including a substantial amount of foreign direct investment from the US for work on Ebola vaccines, and significant investment from the Medical Research Council for work on Meningitis vaccines.

To encourage innovative start-ups out of our hospitals and laboratories, our Health Innovation Programme (HIP), run in partnership with SETsquared, gives commercial mentoring, business planning advice and pitch-practice.

In 2015, this three-day course attracted six entrepreneurs, three of whom have gone on to establish successful start-ups. In 2016, a further nine entrepreneurs benefited from the course. We closely monitor their progress, and providing ongoing support and assistance.

Find out more about the team at www.wessexlifescience.co.uk, on @WessexLifeSci or email info@wessexlifescience.net
Inward investment of £3.9m

We advise companies on their value proposition, business plans, funding strategy and understanding the NHS as a market place. We’ve provided over 1,000 hours of support, including 300 hours of 1:1 industry mentoring.

Click here to watch a video about this work

wessexahsn.org.uk
Orthopaedic programme: better treatment across Wessex through innovation and research

This programme is improving orthopaedic outcomes for patients through research, commercial development and wealth creation. The focus is on delivering innovative orthopaedic and rehabilitation treatments which prolong and improve quality of life; promote independent living and reduce the burden of musculoskeletal degeneration.

Investment from the AHSN has meant industry-funded projects have started immediately; seeking research and development support using the new OrthoLab equipment and facilities at Bournemouth University. These new facilities have been funded from a successful Local Growth Fund bid for £700K supported by Wessex AHSN, and were fully operational by late spring 2016.

The AHSN has also funded an expert OrthoLab technician who will help industry, the NHS and wider health sector, and academia, to access and operate the equipment within the OrthoLab.

Wessex AHSN has partnered with the Institute for Life Sciences (IfLS) at the University of Southampton to support and deliver FortisNet across Wessex. In January 2016, nearly 70 leading clinicians, academics and industry experts working in the field of orthopaedics, prosthetics and assistive technologies gathered in Hampshire to launch the initiative.

The aim is to develop a hub of expertise that will connect regional and national excellence in clinical practice, academic research and enterprise. Working with end users, FortisNet and its partners will work to create an effective pipeline of product development for stronger, active bodies.

FortisNet is a unique, collaborative, interdisciplinary network in hard (bone and teeth) and soft (skin, muscle, cartilage) tissue that aims to develop a regional specialisation in musculoskeletal health. It should also create jobs, attract new business and retain skilled graduates locally.
Digital Health programme: looking to healthcare of the future

NHS England’s Five Year Forward View outlines the commitment to harness the information revolution.

In response, the National Information Board (NIB) has set ambitious targets to enable digital technology and data to transform health and care, improve quality and reduce the current cost of health and care services.

Over the past year, the AHSN has been working alongside member organisations to support the advancement of their digital transformation programmes, including the development of digital roadmaps and the publication of a Wessex-wide Interoperability Charter.

We have also been working with stakeholders to review the use of the current shared care records within Wessex, and assess the content of undergraduate courses to determine the role technology could play in students’ learning.

Following the success of a Wessex-wide Big Data event in April 2016 attended by approx 200 delegates, we will now turn our focus to working with our partners to show how we can use the wealth of data at our fingertips to improve the health and well-being of our local populations.

Click here to watch a video about this work
Mental Health: Wessex TRIumPH – improving psychosis care through faster access to assessment and treatment

Together with Southern Health NHS Foundation Trust, we have co-produced and implemented a best practice psychosis care pathway (TRIumPH – Treatment and Recovery In Psychosis).

The pathway outlines ambitious evidence-based standards for treatment, and specific timeframes for the delivery of care. Frontline staff report how beneficial having a clear pathway of care is to guiding their practice, and how useful it is for communicating expected standards throughout teams.

Achievements in 2015/16:

- Consensus across Hampshire on a best practice psychosis pathway
- Implementation within four Early Intervention in Psychosis (EIP) teams throughout the region, covering a population of 1.3 million
- Over 300 people have entered the pathway since June 2015
- Our most recent data shows that 66% of people are being assessed within seven days, and 96% within two weeks (from a baseline of 36% and 59%)
- We’re cutting inequality and variation across Wessex. For example, increasing numbers of people are receiving a NICE compliant physical health assessment, working towards reducing the 15-20 year mortality gap for those experiencing a severe mental illness

66%  
patients assessed within seven days

96%  
patients assessed within two weeks

Click here to watch a video about this work
The dementia workstream had a very successful year. From an initial target of 40, the programme is supporting 120 GP surgeries across Wessex to become dementia friendly. 24 surgeries have been accredited, with the others working towards this. So far, surgeries have implemented:

- Clear signposting in and out of the consulting rooms
- Pictorial signs to key facilities such as the toilets
- Photographs of staff on consulting room doors
- Inviting carers to the surgery to meet other carers and share knowledge and experiences
- Inviting local voluntary organisations to hold clinics in the surgery to raise awareness of dementia and caring
- People living with dementia and their carers doing ‘mystery shopping’ surgery evaluations
- Increased attendance at patient participation group meetings, with up to five times the usual number of people keen to learn more about dementia

For hospitals, the acute care development programme has resulted in a final report and a resource toolkit. Three dementia champion conferences were extremely successful and a model for holding these conferences has been developed.

Click here to watch a video about this work
Respiratory: improving lung health across Wessex

This programme has improved lung health, and supported related research, commercial development and wealth creation during 2015/16. The focus has been on delivering interventions which prolong life, improve quality of life, promote independent living and reduce the burden of respiratory disease. Through our innovative testing and piloting of tools, techniques and service redesign we have:

- Improved early accurate diagnosis of respiratory disease for over 1,000 patients
- Increased effective self-management and patient education for over 3,000 patients
- Improved access to, and use of, pulmonary rehabilitation for 100 patients
- Reduced inequalities and variation in patient services across Wessex
- Improved patient experience of care for over 3,000 patients, one of whom shared her experiences on BBC Radio Solent
- Improved patients’ quality of life as measured by quality-adjusted life years (QALYs) for over 3,000 patients
- Improved access to specialist services across all of Wessex, and improved skills and practices of healthcare professionals through mentorships clinics throughout both primary and secondary care
- Developed effective service pathways for respiratory care, one of which has grown into MISSION ABC and is now incorporated into an NHS England Vanguard site.

We have also generated opportunities for patients to take part in research and clinical trials for new asthma and Chronic Obstructive Pulmonary Disease (COPD) drugs and technologies.

Winner!

of the Value and Improvement in Use of Diagnostics category at the HSJ Value in Healthcare Awards

Click here to watch a video about this work
Nutrition: tackling undernutrition in older people

This programme aims to be a catalyst for good nutritional care in the community including screening, prevention and treatment of undernutrition. At present, almost 80,000 older people in Wessex are undernourished, with 93% of these living at home.

Tackling undernutrition in older people, across both health and social care, is important for the individual and the NHS. The cost of care for an undernourished person is 2-3 times greater than for those who are well-nourished, due to increased hospital admissions, increased length of stay, increased dependency and care needs, greater number of GP visits and prescriptions.

In 2015/16:

- In our initial pilots (Purbeck and Eastleigh), 900 older people have been screened, with 24% found to be at risk of undernutrition. Helping these people not only improves their health, but could also save the health system £288k. The programme is now extending these pilots to other areas of Dorset; and looking at new screening approaches in Hampshire
- 254 health and social care professionals trained, plus awareness sessions held for voluntary sector and general public
- A nutrition toolkit has been published to support other organisations in implementing good nutritional care initiatives: generic care pathways for good nutritional care in the community; evaluation framework; awareness leaflet (over 1,500 views) and posters; and training packages for health, social care, and voluntary sector workers
- 120 people attended the successful conference run in September 2015, ‘Perspectives on Malnutrition’

Click here to watch a video about this work
Accelerator Fund projects in 2015/2016

The AHSN has continued to review and support our Accelerator Fund projects over the past year:

- Ongoing development of an innovative decision aid tool (HEADMAT™) for GPs to improve management of headaches (at West Hampshire CCG)
- Establishment of a regional frozen faecal donor bank to treat recurrent Clostridium Difficile Infections (CDI) (at Portsmouth Hospitals NHS Trust) – see case study
- Significant progress on development of a virtual reality hip replacement simulator which is now ready for clinical testing (at Bournemouth University)
- At least 30 individuals with learning disabilities benefiting from ‘Life beyond Services’ and the associated Best Buddies scheme (at Southern Health NHS Foundation Trust)
- Application of an electronic prescribing solution for at least 40 children with leukaemia resulting in fewer prescribing errors, improved patient safety and experience (at University Hospital Southampton NHS Foundation Trust and associated centres)
- Piloting and ongoing evaluation of WebGP for online consultations in GP practices and in the southern Vanguard sites; over 150 online consultations have taken place. Recommendations from a focus group and interviews with staff involved with the WebGP pilot will be included in a report to be shared with other GP practices
- Ongoing development of MicroGuide decision support software to improve medicines optimisation in the treatment of patients with infection and reduce antibiotic resistance (at University Hospital Southampton NHS Foundation Trust)
- Over 1000 people with diabetes have participated in conversations about foot care to prevent complications. The ‘scratch card’ scheme has been provided by 27 community pharmacies; 12% of patients referred on for further investigation (at West Hampshire CCG)
- Eleven volunteer ‘signposters’ have helped people in Gosport to access voluntary and community services in Gosport, extending to three more surgeries in the coming year (NHS Fareham & Gosport CCG and Gosport Voluntary Action)
- Ongoing development of ‘Neuravatar’, a virtual assistant to help diagnosis of neurological problems (at Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust, Poole Hospital NHS Foundation Trust and Bournemouth University)
Case study: tackling C-Diff infections in Wessex

Clostridium Difficile infections (CDI) are common. Approximately 5% of people carry C.difficile in their gut, and are therefore at risk of developing CDI if the balance of bacteria gut is disrupted. CDI is a major cause of morbidity and mortality, contributing to prolonged hospital stays.

- CDI becomes chronic infection in approximately 22% of cases, with limited effective, cost effective treatment available for this cohort
- It is the cause of death in around 2,500 patients annually in England and Wales and is a contributing factor in a further 3,200 deaths
- The one year all-cause mortality rate for CDI is 37% and the costs for each CDI case are between £5,000 and £10,000.

Faecal Microbiota Transplantation (FMT) involves inserting screened faecal matter from a healthy donor into a recipient with CDI, into the small intestine. Restoring the balance of bacteria within the gut tackles, and cures, CDI.

Wessex AHSN has supported the development of a regional frozen faecal donor bank to support effective treatment of recurrent CDI at Portsmouth Hospitals NHS Trust. The bank is being used by several hospitals across the Wessex patch.

- Since July 2015, 23 patients have received a FMT with positive outcomes to date, pending formal evaluation
- The FMT bank intends to treat 30 patients within a year of operation, with an expected cure rate of 94% compared to 31% for standard CDI therapy

Given mortality rates of alternative treatment options, the project is expected to save nine lives per year.

In the coming year, we will continue to support and develop the partnership. An economic evaluation is underway to establish the full potential for FMT to save lives and NHS resources if scaled beyond Wessex.
Reducing Harm from Alcohol: helping Wessex know its numbers

In 2015/16:

- The first Alcohol Related Liver Disease (ARLD) project started at Hampshire Hospitals NHS Foundation Trust. Screening for alcohol use has increased from 2.5% to 42% of all patients attending the Acute Medical Unit.

- Know Your Numbers (KYN) at University Hospital Southampton NHS Foundation Trust has seen an increase in staff knowledge of alcohol units from 2.5% to 70% in those who received the KYN training (200 people).

- We developed Drink Informed educational materials for professionals and patients.

- We developed regional alcohol admission data to assist commissioners with easy-to-use data to help improve services.

- We created a regional network of alcohol leads within six acute hospital trusts across Wessex, providing vital data on 25,000 admissions to develop and plan services to meet patient need.

- Soberistas – we researched this innovative social network for women which addresses problematic drinking. More than 60% of participants surveyed have had a drinking problem for over 10 years, and 50% of those surveyed live with children. Forty-five percent stopped drinking or maintained abstinence since joining the site. We produced a series of videos to draw attention to home drinking issues and Soberistas support; they have been viewed nearly 1500 times. The AHSN’s involvement meant that Soberistas is now listed on the high-profile NHS Choices website.

- Alcohol screening increased from 2.5% to 42%.

- 60% of survey participants have had an alcohol problem for over 10 years.

- 45% stopped or abstained from drinking since joining Soberistas.
Over the next two years, the Alcohol Related Liver Disease (ARLD) pathway piloted at Hampshire Hospitals NHS Foundation Trust will be spread across Wessex to reduce dependence on NHS services, and cut the mortality rate for high-risk drinking adults.

Click here to watch a video about this work.
Wessex Primary Care Project: helping GP surgeries’ workforce

Across the UK, demands on general practice are increasing annually yet the extent of growth in activity is rarely documented. The workforce is also falling below demand: fewer young doctors are becoming GPs whilst many existing GPs are reducing hours, retiring early or leaving the profession.

This project started in September 2015 to identify the impact across Wessex and to recommend how capacity may be improved. The project will also assess how other clinical professionals could work within general practice and alleviate increasing demand for GP services.

To date, we have:

• Established a baseline of the Wessex primary care workforce, estimated current demand and modelled future demand
• Developed recommendations for recruitment and retention of GP trainees. Final year trainees are being surveyed to establish their intentions for the next five years
• Surveyed GPs to identify a potential additional workforce, showing that 35% of GP appointments could be undertaken by a different clinical professional
• Researched availability of this workforce
• Identified different workforce models in use across the UK and compiled data ready for analysis. Documented these models and their effectiveness using a scalable cost-benefit analysis tool
• Shared draft reports and survey results with Wessex Clinical Senate and Health Education England Wessex

Mental Health Taskforce: helping to recruit and retain mental health staff

In common with the rest of the UK, the Wessex region is experiencing challenges in both the recruitment and retention of mental health staff. Trusts report a shortfall of 135 Full-Time Equivalent nursing posts across the region. Nationally, 18% of psychiatry doctor core training posts are unfilled, and psychiatry has the highest training drop-out rate of any medical speciality.

Our Mental Health Taskforce project was established to research and develop solutions to overcome and/or impact on these shortfalls with an overall project aim of increasing recruitment and retention across Wessex.

In 2015-16, the Taskforce has seen the development of an Associates Programme which improves the skills of participants and starts projects which will benefit the employing organisation; and at the same time, improves recruitment and retention. One of the projects within the programme is leading to a review of out of hours competency, with additional work to support the development, and confidence levels, of mental health staff.
Wessex Genomics Medicine Centre celebrates a very successful first year

Wessex AHSN supports NHS England’s personalised medicine agenda through close collaboration with the 100,000 Genomes Project, led locally by the Wessex NHS Genomic Medicine Centre (GMC) at University Hospital Southampton NHS Foundation Trust (UHS).

Over the past year, the GMC has established a ‘next generation sequencing’ platform at UHS for rapid diagnosis and confirmation of cancers and rare diseases, a platform which, in turn, has received over £1m in grants for equipment.

Over 300 patients have come forward for the 100,000 genomes project over the past year. This number is set to rise rapidly in the coming year as the AHSN has brought other hospitals into the project as Local Delivery Partners. In 2016-17, we look forward to the first results coming back to patients from the 100,000 genomes project, which will undoubtedly have a huge impact on their diagnosis and treatment.

To find out more about the Wessex NHS Genomics Medicine Centre, or to take part, please email genomicsrd@uhs.nhs.uk @WessexGMC #Genomes100K or visit uhs.nhs.uk/WessexGMC

Click here to watch a video about this work
Medicines Optimisation (MO): helping people get the most from their medicines

This programme works with CCGs, trusts, patients, pharmacists and the pharmaceutical industry to achieve two key objectives: increasing use of services known to help patients get more from their medicines, and improving medication safety by addressing avoidable errors.

In 2015/16:

- A drive to increase the uptake of PINCER: an evidence-based audit tool which helps GPs to identify patients at risk of clinically-significant medication errors. Wessex is now the highest-performing AHSN in using this NICE-backed intervention, with 49% of practices in Wessex having downloaded the audit.

  Pharmaceutical company Boehringer Ingelheim funded and supported our Action Learning Sets and training events to increase the use of PINCER and also PRIMIS audits in primary care.

- Medicines Optimisation on Transfer from Hospital (MOTE): Following ground-breaking work in the Isle of Wight and Newcastle, Dorset County Hospital has referred over 100 patients to their community pharmacy for a medication use review. This, and other work across the patch, has helped Wessex to become the third highest AHSN for percentage of pharmacies delivering Medicines Use Review services (85%) and fifth highest for the New Medicines Service.

- Our work to increase the uptake of repeat dispensing across Wessex continues with over half a million more prescriptions delivered this way than last year, contributing to savings of over £275,000. This is more convenient for patients, with increased efficiency for GPs and pharmacists working together to manage the (growing) workload for repeat medicines.

  Our modelling shows that if we replace 80% of all repeat prescriptions with Electronic Prescribing, we would release 61 whole-time equivalent GPs across Wessex.

- Our Magnesium Sulfate safety bulletin has been shared nationally, and is driving change across the patch with five out of seven Wessex hospital trusts now using the safer preparation.

  Magnesium sulfate is used in obstetrics to treat eclamptic seizures and to protect the brain of babies born before 30 weeks gestation. The magnesium sulfate preparation used required dilution which is both complex and risky. We developed a bulletin to raise awareness of the issues and have worked to ensure a safer ‘ready to use’ product is available.

- Our aim to increase self-administration of insulin by some patients in hospital has led to the development of a toolkit to support hospital trusts in making this challenging medication safety change.

- Our collaborative work with pharmaceutical partners shows what can be achieved when the NHS and the pharmaceutical industry work together for the benefit of patients.
What inspired you to work with the AHSN?

I had been involved in the development of the national medicines optimisation strategy, but for me, there’s something very exciting about working locally to actually deliver demonstrable improvements in the services that patients get to help them use the medicines or in putting new processes in place to make the taking of medicines safer for patients.

What is the clinical need for the work?

Prescribing a medicine or medicines remains the most frequent intervention made by the NHS. Getting the most from medicines for both patients and the NHS is becoming increasingly important. Evidence shows us that _between 30 and 50% of medicines prescribed for long-term conditions are not taken as intended_. Many, many people take medicines and the number of medicines that each person takes is increasing. Between 2003 and 2013 the average number of prescription items per year for any one person increased from 13 to 19. So it’s vital patients get the right medicines, they understand how to use them safely and effectively, and that they know where to go for support.

What’s been the most challenging aspect?

At the start when AHSNs were relatively new organisations, I think some local organisations perhaps weren’t sure what the AHSN was and what it was aiming to do. However, through our fabulous Professional Advisory Group and by working with pharmacy organisations across the patch, that isn’t an issue now, and we have had great support from local hospitals, CCGs and pharmacy organisations as well as the pharmaceutical Industry. We have two wonderful patients on our group who challenge us and support us in equal measure. It’s a team effort!

What are you proudest of?

I’m proud that the national performance data shows strong improvement in our region’s medicines optimisation. But for me, the best moments have been when local GPs or pharmacists or people working in CCGs and hospitals have approached us to help with their work and we have been able to help and support them to make good projects work well.

What’s in store for 2016/17?

We have ambitious goals to drive up the levels of Repeat Dispensing, New Medicines Service and Medicines use Reviews across the patch. We will also have some hard work to do to make transfer of care i.e. when patients move between care setting (such as going into hospital and then back home) much safer and less confusing for patients. Changes to patients medicines can cause all kinds of confusion and issues when the patient gets home. We want Wessex to lead the way in helping patients when they get home to understand their medicines and know where to get help.
Atrial Fibrillation (AF): reducing stroke across Wessex

Over the past year, the programme has seen fantastic engagement and results from using anticoagulants in Atrial Fibrillation. Two stakeholder and 30 further education and training events have created a network; and the programme has delivered a 67% increase in anticoagulant prescribing across Wessex, with 60% of providers showing a reduction in stroke plus a 17% reduction in the variation in exception reporting.

In the West Hampshire CCG area, supported by the AHSN, 51 practices were enabled to use PRIMIS audit tools to identify at-risk patients. The AHSN also helped to introduce WatchBP devices, which help to detect possible AF more accurately than using a person’s wrist pulse. This demonstrated a reduction of 47 strokes in eight months, saving the NHS an estimated £2m.

This work was shortlisted for a HSJ Value in Healthcare award, and it won a Quality in Anticoagulation award for the development of nurse-led anticoagulation services with Salisbury NHS Foundation Trust. In addition, 67% of patients reviewed by the specialist outreach service report a positive influence on their care. The team has also built strong links with pharmaceutical industry and the Royal Pharmaceutical Society for future projects.
Spreading healthcare innovation across Wessex

So we are able to spread the innovations outlined in this Annual Review at scale and pace across Wessex and beyond, a dedicated team was established in November 2015 to support our programmes in spread and scaling up activities. Some examples of this work are:

- Development of an evidence based, systematic approach to help innovators accelerate spread and adoption of best practice. The guidelines contain advice on how to evaluate, how to prepare for scaling up, how to assess potential and opportunities, plus network and communication and engagement planning.

- Modelling the health and wealth benefits of our high impact programmes to identify the opportunities for our members and others, including working with the Vanguards on deployment, evaluation and spread of new models of care.

- Submission of a joint test bed proposal with Oxford AHSN. Whilst unsuccessful, the proposed innovation in respiratory care will be piloted in South East Hampshire in 2016/2017.

- Collaboration with other AHSNs to share learning and ideas on new pathway development (e.g. in mental health), toolkit development (e.g. in nutrition), patient safety initiatives, evaluation frameworks for medicines use, and to spread our dementia intervention in primary care. These collaborations have involved at least ten other AHSNs and at least 20 different projects.

A support package for spread will form part of our pledge to large-scale system change through the Sustainability & Transformation Plans (STPs) and Vanguards’ new models of care in 2016/2017.
The Centre for Implementation Science (CIS)

Based at the University of Southampton, the CIS brings together cross-disciplinary skills and expertise from across the five Wessex universities to support the AHSN and its quality improvement programmes, including:

- New models of primary care consultations: Evaluation of how online systems may be used to improve patient access to care, reduce primary care workload and improve patient satisfaction
- CIS has supported Vanguard sites across Wessex develop their plans for evaluation, including establishing a network group to share approaches and best practice
- Leading the Vanguard Evaluation Steering Group, working with sites across Wessex to support the formation of New Care Models. This work has a regional focus with potential for national application
- Alcohol: production of an interactive dashboard for alcohol related indicators for each local authority area and CCG in Wessex. Development and delivery of alcohol related liver disease (ARLD) data packs detailing the local baseline; development of Wessex-wide ARLD admission data pack to stimulate local adoption of treatment pathways
- Analysing and visualising national data to provide the local picture from the patients’ perspective
- Supporting the evaluation of undernutrition projects, providing evidence in an area where limited data exists. This includes quality of life measures and assessment of service utilisation
- Using data analysis and visualisation to identify and scope needs
- Respiratory case finding and screening for patients with Chronic Obstructive Pulmonary Disease: Evaluation conducted and presented by CIS with additional input from University of Portsmouth. Other respiratory service evaluations to incorporate staff and patient feedback and cost benefit analysis

The team has also created an interactive data dashboard and dedicated database for Trusts this year with initial work focused upon reducing harm from alcohol, with scope to apply this expertise to the other quality improvement programmes and priority NHS areas. Created using data at both national and local levels, the CIS built a sophisticated picture of health in the region over the past year; giving decision-makers valuable service modelling tools to help meet future health challenges.

The development of an Endoscopy Service Planning Tool and a Colorectal Cancer Diagnostic Pathway has brought together patient journey data to help providers plan improvements and accommodate the projected increase in demand for endoscopy services. Our system modelling has identified how endoscopy suites can increase capacity by up to 10% and reduce patient waiting times. The team’s Wessex-wide model can outline the capacity and demand of all diagnostic services for cancer pathways, giving providers the opportunity to identify areas where improvements to the patient experience and service efficiencies can be made.

Find out more about the CIS team at www.southampton.ac.uk/wessexcis, on @WessexCIS or call (023) 8059 7845
“I would like to thank the CIS team for their huge contribution to our demand and capacity planning work in cancer diagnostics during the past year. Without their knowledge, enthusiasm and good humour, we would not have been able to make as much progress in understanding how to plan for the future of endoscopy services in Wessex.”

Matthew Hayes, Clinical Director SCN Cancer, NHS England (Wessex)
Wessex Patient Safety Collaborative (PSC)

Wessex Patient Safety Collaborative (PSC) supports capacity and capability building in patient safety and quality improvement by networking, connecting and sharing across the region, in alignment with the national Sign up to Safety campaign.

**Sepsis and Transfers Collaborative:** In 2015/16, the PSC focused on the topics of sepsis and transfers of care, using the Institute for Healthcare Improvement Series (BTS) methodology. Twenty-two teams from 13 organisations took part in Learning Events throughout the year, with over 200 people participating. Improvement teams developed their quality improvement knowledge and skills to support each other and spread good practice. Between events, teams used the Model for Improvement (including Plan, Do, Study, Act cycles) to test small changes in practice and at the close of the Collaborative showcased their achievements.

Other PSC projects include the Emergency Laparotomy Collaborative, a two-year project that aims to save 1000 lives across three AHSNs using a care bundle approach to surgical care. Teams from eight hospitals in Wessex are engaged and review their progress using outcome data. The PSC is also supporting primary care to develop a model safety practice framework.

To further support improvement in Wessex the Patient Safety Support Fund was launched in early 2016 and has **allocated over £30k to 13 patient safety projects across six organisations.** Recognising the importance of medicines safety the PSC leads the Medicine Safety Cluster which provides a national forum for information exchange, learning and accelerated adoption and spread.

Working with patients and partners the PSC actively promoted patient involvement in developing ARISE, a toolkit to support patient engagement in service development. To support leaders and boards, workshops on Human Factors and Ergonomics were delivered across Wessex.

Finally the Wessex Community of Safety and Improvement Practice (CSIP) was launched to provide further opportunity to connect, share and learn. Together with HEE (Wessex) the PSC hosted the inaugural Wessex CSIP conference, focusing on patient safety, attended by 240 staff and patients.

The community is supported by LIFE, a networking platform, to help individuals and teams manage, deliver and share their improvement projects and resources across Wessex and the wider AHSN network.

Click here to watch a video about this work

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"The most important single change in the NHS... would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end."

**Don Berwick.** A promise to learn – a commitment to act (2013)
What inspired you to work with the Wessex AHSN?

I have been engaged in ‘safety’ on a national and international platform for many years, so the opportunity to bring that experience, and to influence, grow and learn more on my local patch was an absolute gift. Since I started with the AHSN, it has been a true privilege.

What is the clinical need for the work?

We have to make a significant advance on safety improvement through the application of safety and implementation science. We need to equip frontline staff (on whom the quality of care ultimately depends) with the skills and knowledge to tackle harm, and a fair and just culture.

How do you think the AHSN’s work will benefit patients?

Wessex AHSN is promoting innovation, learning and best practice through spread, adoption and sustainable patient outcomes, and care experiences are being positively impacted.

What’s been the most challenging aspect?

Making sure reach and penetration is being achieved across the Wessex footprint. All NHS organisations are working within significant financial constraints - and the PSC provides a fantastic ‘offer’ - but our impact is dependent on many people being released to engage and work with us.

What are you proudest of?

Assuring a strong patient voice and influence in our work.
The AHSN national footprint

North East and North Cumbria
Yorkshire and Humber
East Midlands
Eastern
UCL Partners
Innovation Agency
Greater Manchester
West Midlands
Oxford
West of England
South West
Wessex
Imperial College Health Partners
Health Innovation Network
Kent Surrey Sussex
Note: East Lancashire Hospitals NHS Trust sits with Greater Manchester

@WessexAHSN
About the AHSNs

AHSNs are flexible regional organisations.

We have a small staff base but use our extended networks across regions to achieve great impacts for our partners. Our impact rests in our ability to bring people, resources and organisations together quickly, delivering benefits that could not be achieved without these connections.

Each AHSN works within its own geographical area to develop projects and programmes which reflect the diversity of our local populations and healthcare challenges. However, we all share the following priorities:

**Promoting economic growth**: fostering opportunities for industry to work effectively with the NHS.

**Diffusing innovation**: creating the right environment, and supporting collaboration across boundaries, to adopt and spread innovation at pace and scale.

**Improving patient safety**: using our knowledge, expertise and networks to bring together patients, healthcare staff and partners to determine priorities and develop and implement solutions.

**Optimising medicine use**: ensuring that medication is used to its maximum benefit – improving safety and making efficient use of NHS resources.

**Improving quality and reducing variation**: by spreading best practice, we increase productivity and reduce variation, which should improve patient outcomes.

**Putting research into practice**: our strong links with academia mean we are uniquely placed to support the translation of research into clinical practice.

**Collaborating on national programmes**: our unified programmes focus on delivery of the SBRI Healthcare initiative supporting small-to-medium enterprises, the NHS Innovation Accelerator, Patient Safety Collaboratives and medicines optimisation.

Our licence from NHS England sets our four broad objectives:

- Focus on the needs of patients and local populations
- Build a culture of partnership and collaboration
- Speed up adoption of innovation into practice to improve clinical outcomes and patient experience
- Create wealth through co-development, testing, evaluation and early adoption

More information can be found on the AHSN Network website at [www.ahsnnetwork.com](http://www.ahsnnetwork.com)