Improving wellbeing and creating wealth in Wessex

Business Plan
2017-18
Table of contents

1. Foreword 2
2. Context 4
3. Programmes 14
4. Resourcing the plan 33
5. Appendices 37
In health, as in other sectors, innovation and adoption at scale is increasingly driven by interdisciplinary research, synergies between industries, and a step-change in end-user (citizen, consumer, patient) engagement in the process. Seeing the wood from the trees, making connections, spotting opportunities, and understanding how to get traction requires a breadth of perspective and strong roots into, and across, that landscape.

Academic Health Science Networks (AHSNs) connect horizontally across research, industries, commissioners, providers and users; and network vertically between policy formulation, system design, operational coal-face and end-user experience. That role takes us across all parts of the NHS, into industry, local government and other public agencies, into universities, charities, start-ups, and into funders. And up and down the system; from the role of the GP receptionist in improvement and innovation; to dialogue with policy makers and regulators about refining system design to support adoption and spread of innovation.

Networks which are open to, and embrace, the diverse perspectives of these stakeholders will, in turn, help the systems and members which they support be open to the adoption and spread of innovation.

That is what we, Wessex AHSN, aspire to. We hope you find this spirit reflected in our business plan.

Bill Gillespie                 Fiona Driscoll
Chief Executive            Chair
Wessex AHSN               Wessex AHSN
Table of contents

1. Foreword 2
2. **Context** 4
3. Programmes 14
4. Resourcing the plan 33
5. Appendices 37
**High improvement, low innovation**

AHSNs do some work here. This may involve adoption and spread of legacy guidance which the service has struggled to scale, for example, Sepsis Six, or electronic repeat dispensing in primary care.

For some work, where we have demonstrated proof of concept/early majority adoption, we have a managed handover to system partners for further spread. Spread to late majority/late adopters may need additional system levers.

**Low improvement, low innovation**

AHSNs would not routinely work here. For teams, departments, organisations, this may mean fundamental challenges in governance, leadership, relationships and culture need to be tackled before the ground is fertile enough to consider improvement and innovation. However, teams/organisations which are coming through this challenge may be highly receptive to improvement and innovation as they have little capital invested in the status quo. So, AHSNs and system partners need to be alive to these opportunities.

**High improvement, high innovation**

AHSNs operate here. At its best, an ecosystem in which a focus on improvement and innovation feed off each other to create a learning health system with the infrastructure (e.g. integrated data), capacity / skills and culture for continual improvement and innovation. Activity here is likely to involve capacity / capability building to create critical mass for adoption, for example, quality improvement (QI) skills for patient safety collaboratives; skills to use risk stratification tools in primary care for proactive long term condition (LTC) management; fit-for-purpose information governance (IG) and culture to support integrated care models, predictive analytics and machine learning. Operating in this space gives AHSNs the insight to spot opportunities for more disruptive innovation in quadrant four.

**High innovation, low improvement**

AHSNs do some work here. This may involve adoption and spread of legacy guidance which the service has struggled to scale, for example, Sepsis Six, or electronic repeat dispensing in primary care.

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What determines our focus? Innovation diffusion curve

**Innovators, Early Adopters and Early Majority**
- We work in this space
- AHSNs need to work with system partners to agree plans to transition from AHSN-supported spread projects to system partners taking full responsibility for further spread along the diffusion curve

**Late Majority and Late Adopters**
Wessex AHSN has worked in this space but with more constrained resources:
- There is a trade-off with the need to focus on the first half of the diffusion curve
- Spread to “late majority” and beyond may need additional system levers which AHSNs do not control
- Where system partners want continued AHSN engagement in these diffusion phases AHSNs may need to negotiate additional funding to support this
License objectives

At the time of writing this business plan, our current licence objectives are under review as part of the NHS England-led relicensing process for all AHSNs. The Five-Year Forward View, the Carter Review, the development of NHS Sustainability and Transformation Partnerships (STPs), the Accelerated Access Review (AAR), the national industrial and digital strategies and the forthcoming life sciences strategy – all these have happened since the AHSNs original license objectives were set. We expect a refreshed license objective to reflect this changing landscape.

In the meantime, our current formal licence objectives are:

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<td>Focus on <strong>needs of the patients and local populations</strong> – unmet health and social care needs</td>
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<td>Speed up <strong>adoption of innovation</strong> – research into practice – better outcomes and better experience</td>
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<td>Build a culture of <strong>partnership and collaboration</strong> address local, regional and national priorities</td>
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<td><strong>Create wealth</strong> co-develop, test early adoption and spread</td>
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<td>Develop a <strong>Patient Safety Collaborative (PSC)</strong></td>
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The fifteen AHSNs for England are working more closely to deliver value for money, and support adoption and innovation at scale across the NHS in England. At the time of writing this business plan, five national priority themes have been identified which will be worked on by all AHSNs in 2017/18.

**National Priorities**

**NHS Innovation Accelerator (NIA)**
Four of the 25 NIA fellows are based in Wessex. The NIA programme brings together NHS England and the 15 AHSNs to support promising NIA fellows. These are people from inside or outside the NHS with potential high-impact innovations. The programme also creates an opportunity to gain insight into barriers and opportunities for adoption and spread and, where, possible, to reshape policy levers to reduce barriers.

**Small Business Research Initiative for Healthcare and Innovation Pathway**
We have customised the Innovation Pathway for Wessex, and we are a strong SBRI advocate. We support applications and have strong links with local companies – for example, MyMHealth.

**Medicines Optimisation (MO)** – We lead the national MO network. There are two key national projects:
- Clinical handover to community pharmacy: collaboration on data sets and the creation of an implementation guide.
- Polypharmacy: developed comparators with NHS Digital, NHS Business Services Authority, Royal Pharmaceutical Society and the AHSN Network. The comparators will be available for every GP practice, CCG and STP in the country from April 2017.

**Atrial Fibrillation**
The Network has reviewed innovations for impact; is developing model business cases for every CCG in the country to illustrate return on investment from innovation; and is managing the procurement and distribution of mobile ECC devices (£500k).

**Test Beds**
In 2015, NHS England established seven “combinatorial test beds” with the intention of bringing together different innovations across particular pathways to explore the combined effect of innovations. The AHSN Network will be involved in spreading the learning from the first wave of test beds.
Vanguard Evaluation and Replication of New Models of Care

Wessex AHSN and the Centre for Implementation Science is working as the independent evaluator for Vanguard and New Models of Care programmes. With this work, we are helping to determine how well the new ways of working are supporting patients, and how this good work can be applied in other areas of Wessex and beyond.

What was delivered in 2016/17?
- Appointment of independent evaluator to two Vanguards: Happy, Healthy, at Home (North East Hampshire and Fareham) and My Life a Full Life (East of Wight)
- Comprehensive ‘deep dive’ (through) evaluations of 10 New Care Models (NCM) completed in 2016/17; seven for Happy, Healthy, at Home (North East Hampshire and Fareham Vanguard) and four for West Hampshire CCG
- Evaluation symposium held with Happy, Healthy, at Home to share evaluation findings; 50 attendees from Wessex and beyond
- Two impact statements of evaluation findings published and disseminated widely on Care Navigators and Recovery College.

What’s planned for 2017/18?
- Delivery of My Life a Full Life (East of Wight) evaluation programme and Happy, Healthy, at Home (North East Hampshire and Fareham) evaluations, including ‘deep dive’ of at least 12 further New Care Models.
- Communication of evaluation findings to National NCM teams and other Vanguards through national communities of practice.
- Further symposium including two for the Isle of Wight; two for North East Hampshire and Fareham.
- Support to spread and adoption of successful New Care Models through links with STPs and AHSN network.

Wessex Genomic Medicines Centre (GMC):
Delivering the 100,000 genomes project across Wessex

What was delivered in 2016/17?
Wessex GMC has now recruited over 1,500 patients of 3,000 local people. Wessex is part of the national 100,000 genomes project, a major investment in public health aimed at unlocking people’s genes.

The majority of these are through Dorchester Hospital Southwestern NHS Foundation Trust (DHT), the following trusts have also delivered the project, as Local Delivery Partners to help reach more patients:
- Portland Hospitals NHS Trust
- Ray of Bournemouth and Christchurch NHS Foundation Trust
- Hampshire Hospitals NHS Foundation Trust
- Southern Health NHS Foundation Trust

Enrolment rates will increase as our partner trusts ramp up to their full capacity. We have supported LDPs to produce engagement materials such as posters, banners, and ‘How To’ guides for clinicians. These have been used in exhibitions and events regionally and nationally.

The AHSN identified, planned, and delivered an opportunity for in-depth public education on the project through the Café Scientifique network.

- Across 90-minute dedicated events
- Reaching 330 people
- In six of our towns and cities

Wessex AHSN has helped spread our innovative ideas across other GMCs contributing to our ideas, approaches and materials at a national level.

What’s planned for 2017/18?
- Ensure over 50% of secondary care divisions in UHS and our partner trusts are aware of the 100,000 genomes project through posters, emails, social media, and newsletters.
- Ensure more than 300 clinicians are sufficiently informed about the project across UHS and the partner trusts to recruit patients into the project.
- Aims to enrol 1,090 recruited patients by end of December 2018.
- A major event in May 2017: ‘The dawn of precision medicines in Wessex’
Our impact so far...

**Respiratory:** improving lung health across Wessex

**What was delivered in 2016/17?**
- Successfully planning and beginning to deliver an ambitious new way of treating patients with respiratory problems
- Achieving support from local primary care participants and Vanguard partners
- Creating champions for the model and maximising opportunities for future spread
- Securing additional investment and support from technology partners and pharma
- Generating interest and national recognition e.g. HSC award
- Securing additional support for spread from The Health Foundation

**Since 2013**
- Improved early diagnosis of respiratory disease for over 1,000 patients
- Improved patient quality of life as measured by QALYs for over 3,000 patients

**What’s planned for 2017/18?**
- Around 1,000 patients identified and reviewed by specialist team
- Measurable savings in healthcare utilisation identified
- Measurable improvements in quality and experience of care
- Uptake of the model by at least two localities in Wessex

**Winner!** of the Primary Care Innovation category at the HSC Awards 2016

**Industry and Innovation: better outcomes for patients, value for the NHS, economic growth, jobs and profitable local companies**

**What was delivered in 2016/17?**
- Health Innovation Programme Innovative city centre for Wessex and Cape
- In 2016, 17 Wessex Health Innovation attended and received support two of which were invited to apply for free support in the University of Southampton’s Science Park Catalyst Centre. In 2017, we had people from 14 Wessex start-up companies submit of which six were invited to apply to the Catalyst Centre, signalling an increase in the quality of start-up businesses. One of the 2017 attendees was the inventors of a new product to become an NHS England National Innovation Accelerator Fellow, and is set to benefit from the national Innovation and Technology Stuf.
- **25 Start-up Health Innovation companies supported in 2016 and 2017**
  - Since starting in August 2016, we have seen and advised 25 Wessex start-up companies at Health Innovation Summit, including those developing innovative wearable technology, set-care apps and new products for the frontline NHS, all with innovative ideas to support.
  - Funding Support Service first grade.
  - In 2016, we produced and published 23 Money Minutes Podcasts to bring great opportunities to local businesses. Collectively these have been listened to 22,000 times.

In 2016, 17, we helped 11 organisations apply for business development grants. Six of these applications were successful, securing total award of **£1.9M**

23 Money Minutes Podcasts have been listened to **22,000 times**
The Wessex population in 2016: ~2.75m

The population is expected to grow by 0.6% annually to >2.9m by 2020

There is a higher percentage of older people:
- 21% >65 years (16% England average)
- 4.1% > 85 years (3.2% England average)

Legend
- NHS clinical commissioning Groups (CCGs)
- Sustainability and transformation partnership (STP)
  = 500,000 population
Rooting the AHSN in Wessex

Wessex has an important industry and private sector landscape:

- **10% of the workforce** employed in the health economy
- **Over 300 health and life science companies** in the region; med-tech sector most important in terms of number of companies and jobs
- **Wessex is also home to** IBM’s research and development laboratory; the Ministry of Defences’ Science and Technology Laboratory (DSTL); Public Health England; Ordnance Survey Headquarters – all organisations we collaborate with
- **Wessex holds a world leading skills base** in animation and technology development for mainstream entertainment. We see this application to healthcare as having great potential

**Within this landscape, we have successfully:**

- Held a Medtech Investment Showcase in London (March 2017), opened by Dr. Luisa Stweart, Deputy Director of Innovation, Office of Life Science. Exhibiting companies reached over 1,500 investors through event promotion and pitched to over 100 investors at the event
- Built a close working relationship with the SETsquared Partnership – the World’s Number one University Business Incubator, to help bring innovation and investment to the Wessex region
- Provided more than 800 hours business support to in excess of 180 innovators in 2016/2017
- We have created strong working relationship with industry associations, for example, Association of British Pharmaceutic Industry (ABPI), Association Of British Healthcare Industries (ABHI), Ethical Medicines Industry Group (EMIG) and British In Vitro Diagnostics Association (BIVDA)
Our strategic themes

For the next year, we have **four strategic themes** which pull together our work across a number of our programmes:

**Healthy ageing** – the ageing population is widely recognised as one of the biggest challenges for our future. Elements of existing our programmes address components of frailty. For 2017/2018, we have identified the need to draw many of these aspects together, and create a cross-cutting approach for innovation and spread in healthy ageing and frailty. This programme will focus on opportunities to slow the onset of, and reduce the severity of, frailty through innovation and the rapid spread of new approaches. At the time of writing the business plan, this programme is in start-up phase. We will report back to Board and members, once the discussions about scope and priorities have concluded.

**Extended primary care teams** – much of the Five Year Forward View is predicated on strong primary care supporting people to lead healthy lives and minimising the need for hospital care. Yet primary care is under severe strain and historically it has not had access to the full range of functions that have supported change in other parts of the NHS. We want to work with primary care, with primary care commissioners and with other arm’s length bodies such as Health Education England and with Vanguards to ensure that innovation and spread of innovation are well supported in primary care teams across Wessex. This programme is just being initiated, we will come back to the Board and members with details on scope and priorities once we have completed discussions with members and local stakeholders.

**Data-driven, digitally-delivered personalised healthcare** – arguably the biggest driver of change in health systems over the next 20 years will be an explosion in health care data captured through wearable devices and devices connected to the internet. Rich real-time data coupled with strong analytics offers the prospect of more proactive and personalised healthcare. But that is not inevitable. Other scenarios where uptake of digital and analytics is slow, or where they are not blended fully with holistic, “touch-based” care are possible. Our work will focus on supporting the system to exploit the benefits of this new world and avoid some of the pits.

**Personalised medicine and genomics** – across the country, genomics is at a relatively early stage of development. Genomics is not a niche specialism. It offers the prospect of fundamentally changing our understanding of both rare and common diseases and of ensuring a much more targeted match between patient and treatment. Our role is to help prepare the ground within the NHS and with the public for this revolution.
Table of contents

1. Foreword 2
2. Context 4
3. **Programmes** 14
4. Resourcing the plan 32
5. Appendices 36

*Note: there are no programme specific business plans for Healthy Aging or Extended Primary Care Teams as these are new programmes, and are being established in 2017-2018.*
Mapping our work to NHS England’s Five Year Forward View

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Key: FYFV priorities

- □ Health and wellbeing
- ✓ Care and quality
- • Finance and efficiency

NHS Five Year Forward View

Next steps on the NHS Five Year Forward View
Mapping AHSN programmes to the local Sustainability and Transformation Partnerships (STPs)

<table>
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<tr>
<th>Programme</th>
<th>Dorset</th>
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<td>One acute network</td>
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Reducing Harm from Alcohol

**Context**

Increasing number of lives lost due to alcohol-related mortality in Wessex

Alcohol-Related Lived Disease is a major health problem within areas of Wessex with rates which are almost double the national averages for mortality

1,350 deaths per year in Wessex

~5% increase since 2008

53,000 admission episodes for alcohol-related conditions in 2013/14

In England more than 22,400 people died from alcohol related causes in 2013

**Achievements**

- Completion of work with Soberistas, resulting in two peer reviewed open access publications in high impact journals, and growth to 38,000 members
- Launch of Regional Alcohol Admission Data (ARLD Dashboard) assisting commissioners to help improve service provision
- Acute admission liver disease (25,000 admissions) data packs (Wessex-wide and Trust specific) shared across Wessex, and with other AHSNs
- Baseline audit completed at HHFT, UHS and IOW, and initiated at Portsmouth, Salisbury, Bournemouth, Frimley Park and Dorset County Hospitals
- HHFT, as pilot site, implemented local Alcohol Treatment Pathways and completed a repeat audit. Results show increase in number of patients screened for alcohol use, and accessing services / treatment
- Published ARLD Identification and Treatment Toolkit on the Wessex AHSN website
- Drink Informed Kit disseminated to acute hospital alcohol services and key commissioned community services across Wessex

**Planned Impact 2017-18**

- Reduction in barriers to local pathway development through involvement of CCGs and key acute trust stakeholders
- Responding to the results of the baseline audit by implementing alcohol treatment pathways and earlier identification and care of patients with ARLD, resulting in reduced morbidity and mortality through improved clinical care
- Potential cost avoidance across Wessex of £10m per annum if patients identified one year earlier, or £13.3m per annum if identified two years earlier
- Deployment of a ‘tried and tested’ toolkit to support implementation of improved processes for ARLD identification and treatment
- Evaluation of new models of alcohol care and subsequent referral to alcohol liaison teams

**Planned spread:** Sharing ARLD toolkit with other AHSNs. There is potential for international export. We are commissioned to train staff at Frimley Park and Heatherwood Hospitals

**Transition plan:** The current programme planned to end Mar-18 having implemented with early adopters. A decision on further implementation will be taken during 2017/18. Appropriate transition planning will then commence
Atrial Fibrillation (AF)

**Context**

Percentage of diagnosed people with AF is higher in Wessex compared to national average

>50,000 people diagnosed with AF in Wessex (1.9% of population; higher than national average)

1 in 20 people with AF will have a stroke if not anticoagulated

15% of all strokes are caused by AF

Mortality rate from stroke for people with AF is double that with normal heart rhythm

There are approximately 16,500 patients with AF in Wessex who are not receiving full treatment

**Achievements**

Development of “Starting Anticoagulation with Jack” video in collaboration with Royal Pharmaceutical Society, the pharma industry and voluntary organisations and Hampshire Hospitals Foundation Trust

NMS Referral Card evaluation project in progress. Training delivered to 50 Community Pharmacists. In West Hampshire CCG, NMS anticoagulation referral is highest in the region at 22%

National profile in AF community of practice, leading the detection workstream

Wessex AHSN is the second highest user of the GRASP AF tool in England with 78% practices uploading the programme

We have a lower than national average percentage of patients having a stroke where AF was known but anticoagulation not prescribed at 49% (national average 51%) (2015/16 data)

Detection rates increased by an average of 6.57% in 2015/16 (range 2.07 – 10.66%)

**Planned Impact 2017-18**

To target CCGs according to their data sets, and focus on optimising anticoagulation for patients with known AF

Reduce the number of strokes by 260 annually in Wessex

Reduce the number of deaths annually, by 90 to 358 in Wessex

Avoid an estimated £3m in health and social care costs in Wessex

At a national scale, increase in patient identification from 1.9% to 2.8%

Planned spread: As the national lead for the AHSNs AF programme, we plan to support CCGs to demonstrate opportunities to increased diagnosis, reduced the number of strokes and identify cash savings through the nationally created business case template. We will implement of UK-wide initiatives established through a register of best practice. We will lead the procurement, distribution and implementation of AF mobile ECG devices included in the Innovation Technology Tariff

Transition plan: Our transition plan is being developed with partners as we collaborate with them and is project dependant but considered early in the process. A focus of the transition is education so skills to continue to be embedded in to practice
Dementia

Context

**iSpace** is a quality improvement and innovation programme to better manage the pathway of patients with dementia and their carers through primary care.

**Rising prevalence of people with dementia**

Over 850,000 people have dementia in the UK, but only ~50% on registers.

43,000 people in Wessex with dementia with ~ 25,000 of these on dementia registers.

People living with dementia are expected to double within the next 20 years.

**Variation in diagnosis rates**

National target to achieve 67%

Variances in diagnosis rates between Wessex CCGs from 59% - 67%

**Achievements**

**Implementation** of iSpace in 174 surgeries

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**Completion** of iSpace in 54 surgeries

- Over 1,000 staff trained in 2016
- 6% reduction in clinical consultations
- 16% increase in diagnosis rates in surgeries implementing iSpace
- £34,000 savings per annum in 20 surgeries due to reduction in consultations

**Spread** the programme to Thames Valley

**Planned Impact 2017-18**

**Successful handover** of iSpace to local healthcare system

CCGs in Wessex to adopt iSPACE as part of the standard practice

Achieve planned spread to 50% of GP surgeries (by May-17)

- Analyse data from 40 participating surgeries and demonstrating measures of impact
- Analyse three focus groups to measure the impact of iSpace adoption

Ensure all resources are accessible and that staff can link up with local systems to support and advice further implementation

**Planned spread**: Of our learning planned via the Alzheimer’s Society

**Transition plan**: Part of planned activity for 2017/18
Medicines Optimisation

**Context**

£782.5m 

Total spend on medicines for Wessex in 2015/16

Comprising:

- **£326.2m spent in hospitals**
  - 20% increase against 2014/15

- **£449.8m spent in primary care**
  - 5% increase against 2014/15

Overall, 10% increase versus 2014/15

30-50% of medicines are not taken as intended

1 in 20 prescription items in primary care has an error and 1 in 550 is serious

Approx. 56 million prescription items were dispensed in Wessex in 2014/15. This means that there were over 100,000 serious errors

Between 2003 and 2013 the average number of prescription items per year for any one person increased from 13 to 19

More than half of patients aged 65-74, and more than 70% of those aged 75 and over, report having taken at least three prescribed medicines

**Achievements**

Development of nationally available Polypharmacy Comparators with NHS BSA, NHS Digital, RPS and the wider AHSN MO Network

Created a of a guide to Implementation of Self Administration of Insulin. Shared and linked from Diabetes UK website.

Presented at Patient Safety First conference

Clinical handover to community pharmacy active in three trusts, in early planning in three, and in discussion in a further two

Electronic repeat dispensing pilot in five practices has yielded powerful data to drive change

Engagement with CCGs the work and CCGs are developing plans for 2017/18

Ensuring that Medicines Optimisation work is included on the local sustainability and transformation partnership (STP). Further links between pharma industry and STP made

Magnesium sulphate is now in use in all maternity units in Wessex and Thames Valley, and extending to other clinical areas. Bulletin outlining reasons for change is endorsed by NHS England and nationally available

**Planned Impact 2017-18**

90% of GP practices to utilise PINCER audits

All eight acute trusts to implement clinical handover to community pharmacy

All nine CCGs will have plans in place and commence programmes to address polypharmacy

40% of all prescription items in primary care dispensed as repeat dispensing

Planned spread: Of the programme and learning via the national AHSN Medicine Optimisation network and key partners, such a Lilly UK or Diabetes UK

Transition plan: We are working closely with, and enabling the Chief Pharmacists Network and Heads of Medicines Management Network to deliver the programme. Transition planning will run parallel with achieving programme delivery
Mental Health – Supporting the Crisis Pathway

Context

The **Care Quality Commission** found that only 14% of adults surveyed felt they were provided with the right response when in a mental health crisis.

National and local data demonstrate that the peak hours for a mental health presentation to A&E are between 11pm and 7am, although this is when resources are most likely to be unavailable.

There’s both a local and national drive to improve services to support people in a crisis as it is recognised services are inadequate.

Improving crisis care will not only improve care for service users and their carers but will also support the staff looking after these groups.

Approach

Programme activities in 2016/17 focused on project scoping, definition and establishment for Apr -17 launch.

The approach for this programme will comprise of:

- **A ‘deep dive’ on all A&E mental health activity data.** Recreating work already undertaken by the AHSN and Southampton CCG

- **Serenity Integrated Mentoring (SIM) for High Intensity Mental Health Users.** The AHSN is supporting the role out of this successful model to support high intensity MH users through the NHS Innovation Accelerator (NIA) Programme

- **Evaluation of the Safe Haven Crisis Care Model** as part of the North East Hampshire and Farnham Vanguard Evaluation

- **Mental Health and technology:** Opportunity to work with providers and SMEs in evaluating the introduction of online therapeutic interventions into clinical practice

Planned Impact 2017-18

- **‘Deep dive’ on all A&E mental health activity data** - supporting Wessex commissioners across with future healthcare planning
- **SIM for High Intensity Mental Health Users** - ensuring that all Wessex regions have the opportunity to benefit from this proven NIA programme
- **Safe Haven Café model** - this evaluation will be important for other services in Wessex who are considering investing in similar models (IoW, Dorset, West Hampshire and Southampton)
- **Mental Health and technology** - evaluating the experience of both SMEs and NHS teams in introducing technology will allow us to understand the critical factors for success
- **Supporting workforce development** - in partnership with Health Education Wessex, enhance the skills of the MH workforce through the Advanced Nurse Practitioner Programme

**Planned spread:** Results will be shared regularly with Wessex CCGs, provider trusts, universities, and other stakeholders

**Transition plan:** This is a new programme. Transition planning for business as usual will be undertaken from the beginning

---

1 - Five Year Forward View for Mental Health, Feb 2016
Increasing pressure on students is leading to rising mental health problems

28% rise in university students seeking counselling services in 2014 - 2015

Increasing media coverage;

Student mental health 'lacks support'

Approximately 500 student mental health related A&E attendances per year at University Hospital Southampton Emergency Department (2014-2017)

A university will lose up to £9,000 per annum for a student that becomes unwell and drops out

Programme activities in 2016/17 focused on project scoping, definition and establishment for April 2017 launch.

The approach for this programme will comprise of:

- Understand health care utilisation for students experiencing mental health issues
- Connect universities and healthcare to best understand the needs of this group
- Define what services should look like
- Share best practice from across Wessex, nationally and internationally
- Support commissioners with future healthcare planning for this group

Improved understanding of how this demographic utilise health services

Connect resources outside of the traditional NHS – students, university staff, charities, peer support, technology

Reduce inappropriate student A&E attendances in turn reducing NHS pressure and costs

Investigate opportunities to spread learning to colleges and young people

Increased student retention for universities

The potential for recurrent financial savings as thousands of new students each year

Planned spread: Southampton city will be the “innovator” site. Results will be shared regularly with Wessex CCGs, provider trusts, universities, and other stakeholders. Spread will initially be Wessex wide, before involving other AHSNs

Transition plan: Transition planning for business as usual will be undertaken from the beginning. All work streams will be completed by March 2018, with this timeline communicated to all stakeholders involved

1 - Source: BBC News, 22/9/2016
Nutrition in Older People

Context
Three million people in UK at risk of malnutrition, including one million older people (over 65 years)

79,000 older people in Wessex at risk of being malnourished

93% of malnourished living in the community

= 73,000 older people in Wessex

Malnourished patients:
- Three times more hospital admissions
- Three days longer length of stay
- Two to three times higher cost of treatment

Estimated cost of malnutrition in England\(^1\)

£ 19 bn

Estimated cost of malnutrition in Wessex

£ 760m

NICE guideline on nutritional support (2006) is not well implemented in community, with limited data or evidence available.

Evidence from Dorset and Eastleigh pilots leading to wider spread

Achievements
2,000 people screened for undernutrition, and given either:
- Individualised care plan
- Signposting to advice/support

Raised awareness of undernourishment in 250 people (health and social care professionals; voluntary sector; care workers)

Agreement to roll out programme across Dorset and across Southern Health NHS FT Integrated Care Teams

Dissemination at national BAPEN conference (two best posters shortlisted); three articles published in practice journals

Provision of an evaluated nutritional care toolkit

National collaboration with Age UK, malnutrition taskforce, other AHSNs

Burdett Trust funding of £140k for collaborative research project investigating the barriers and solutions for nutritional screening and care in the community

Planned Impact 2017-18
Screen over 5,000 people for of undernourishment and either provide care plans or advice accordingly

Raised awareness of undernourishment in 1,000 people (health and social care professionals; voluntary sector; care workers)

Deliver potential savings (health and social care) of £2m per annum. (Based on published health economic studies)

Implement and evaluate innovative approaches for identifying and caring for people at risk of undernourishment

Update nutritional care toolkit, including specific tools for use by care workers

Planned spread: To other AHSNs and health care professional networks

Transition plan: The current programme will end Mar-18. Business planning is taking place to ensure a smooth transition
Context

Cancer kills 8,000 people in Wessex each year; and 16,500 new cases are diagnosed.

£250m

NHS spending on cancer in Wessex per year, rising to £900m when societal costs are included.

Numbers rising as population ages.

There are 150,000 rare disease patients in Wessex.

80%, or 120,000 people have a rare disease with a genetic background.

We are supporting University Hospitals Southampton (UHS) in delivering the 100,000 genomes project across Wessex.

Achievements

Wessex Genomic Medicine Centre (GMC) has recruited over 1,500 patients into the 100,000 genomes project.

The majority are directly through UHS, but we have been instrumental in four local delivery partners (LDPs) joining the project.

For clinicians we have produced promotional materials, posters, banners, clinicians ‘how to’ guides etc., all used at exhibitions and events across Wessex and shared nationally.

For the public, we identified, planned and delivered in-depth public education on the project through the Café Scientifique network.

Reaching 330 people across six events spread over Wessex.

We have spread innovative ideas across other GMC by acting as communications lead for the Wessex GMC.

Planned Impact 2017-18

Ensure that over 50% of secondary care clinicians in UHS and in our LDPs are aware of the 100,000 genomes project.

Ensure that >100 clinicians are sufficiently informed across UHS and the LDPs to recruit patients to the project.

Wessex GMC to recruit 3,000 patients by Dec-18.

Planned spread: This is already a national project and so we are supporting the local Genomic Medicine Centre. We will continue to embed this project regionally.

Transition plan: The national 100,000 genomes project is planning to run until Mar-18. Our involvement with this programme will reflect this timeline.
Respiratory Context

High prevalence rates for respiratory conditions in Wessex costing the health economy approximately £83m a year

Numbers of people in Wessex living with Asthma and COPD

- Asthma 147,252
- COPD 37,257

National AHSN leadership role through a strong and distinctive track record in respiratory disease to find the ‘missing millions’ in collaboration with;

- Asthma
- COPD
- Pfizer

Distinct shift in focus for the programme from problem and solution identification (2016/17) to spread of clinical models which improve outcomes for patients in the coming year

Achievements

Successfully planning and beginning to deliver an ambitious new care model

Achieving support from local primary care participants and vanguard partners

Creating champions for the model and maximising opportunities for future spread

Securing additional investment and support from technology partners and pharma to the value of £165,000

Generated interest and national recognition in the form of:

- HSJ award: Winner of the ‘Innovation in Primary Care’ category with Portsmouth NHS Trust for Mission COPD and Asthma
- Securing additional support for spread from The Health Foundation

Planned Impact 2017-18

1,000 patients identified and reviewed by specialist team

Measurable savings in healthcare utilisation identified

Measurable improvements in quality and experience of care

Uptake of the model by at least two localities

Planned spread: Spread in 2017/18 is planned within Wessex, informed by the evidence experience of delivering Mission ABC in the South East Hants and Fareham and Gosport areas. Opportunities for spread to neighbouring CCG and AHSNs will also be explored, following up on several expressions of interest

Transition plan: The project is due to complete in Autumn-17. Thereafter we will work to complete the programme evaluation report and ensure the online toolkit is created to generate a permanent resource for new localities planning to implement the model. Spread can be continued via sustained diffusion, rather than active promotion
Patient Safety Collaborative

**Context**

2017/18 “Back to Berwick” – supporting a continuous learning system across Wessex

National PSC scope:

- Build system wide capability in quality and safety improvement
- Build skills and capability round measurement for improvement
- Help to create a safety culture
- Organisational leadership development for safety at all levels
- Engagement on national PSC programmes of work:
  - Maternity
  - Culture
  - Physical Deterioration
- Facilitate and promote innovation in practice
- Improve topic specific clinical processes
- Encourage the adoption and spread of evidence based improvements
- Active contribution to national sharing and learning

**Achievements**

- Increased traction across Wessex; higher number of events with more participants and networks and new penetration into maternity, primary care and EDs
- Engaged 150 staff in the physical deterioration collaborative and delivered out reach sessions to approx. 130 primary, community and social care staff
- Suspicion of sepsis data indicates a reduction in Sepsis mortality across Wessex
  - Emergency Laparotomy data (baseline to end Q3) shows a 19% decrease in crude mortality and a 25% decrease in 30 day risk adjusted mortality with a 22% increase in blood lactate (sepsis screening) and a 20% increase in post-op critical care
  - Human Factors sessions for nearly 100 staff
- Development and testing of the Scale Up Template and the Safe Practice Framework
- 320 CSIP members and a successful CSIP conference with 240 participants.

**Planned Impact 2017-18**

- Deliver QI sessions, including Safety 2 and Human Factors, to over 500 people
- At least three healthy and thriving Networks across Wessex
- Commence Project Primary Care: delivering bespoke support in 3 ways; raising awareness, focus on sepsis and deterioration and an Intensive Support Cohort of 5-8 practices
  - Patient Safety projects supported with Scale Up
  - Deliver a second CSIP conference to over 200 people, and CSIP to have 500 members
  - Wessex Q programme to have 120 members
- Planned spread: If successful, the Scale Up Template and Safe Practice Framework will be shared. Sepsis, NEWS and deterioration work will continue through Project Primary Care and the Network. Wessex will support the national PSC programmes in maternity, ED and culture
- Transition plan: The PSC runs until the end of Mar-19 and all projects have embedded transition / exit principles

---

1 - Provisional – awaiting MoU confirmation with NHSI
2 - Budget dependant
Data-driven, digitally-delivered personalised healthcare

Context

The NHS Five Year Forward View outlines a commitment to exploit the digital Revolution.

This is through a better use of technology. Data is a prerequisite to supporting and enabling the key developments needed to reshape the health and care system.

Digital innovation and more effective use of data will support system transformation and sustainability.

Achievements

- Active and ongoing involvement in the H&IOW STP Digital Transformation Board and an advisory role within the STP prevention workstream
- Delivery of Digital Workshop for self management
- Input into the Healthy Towns programme including planning and delivery of an innovation workshop
- Support to the digital care homes project with Southampton City CCG in conjunction with BUPA
- Sponsorship and delivery of the Southern Institute of Health Informatics conference
- Ongoing work with the CHLARC to support the take-up of GENIE
- Participation in the AHSN Health innovation surgeries for SMEs and follow-up activity
- Relationship building with commercial enterprise – raising the profile of AHSN work and opportunities for join working
- Establishing links with the national opt-out and consent model programme and the development of consultation capacity
- Introduction of an AHSN digital health blog
- We reviewed digital input into undergraduate courses commissioned by Health Education Wessex

Planned Impact

Align prevention technologies with overarching STP digital transformation priorities

Develop increased awareness of the role of the AHSN to support digital health developments

Increasing recognition that patients and the public have a key role to play in progressing technology adoption

Improving clinicians’ knowledge about available technologies which could transform service delivery, improving patient care

Work with academic institutions and local system leaders to enhance the implementation of technology

Planned spread: We will engage STP partners to raise the profile and relevance of adoption and spread methodologies to the implementation of technologies. We will regularly share progress and outputs with key stakeholders

Transition plan: The programme plans to produce an transition strategy during Q2 and Q3, with a view of mainstreaming activities currently being undertaken by the AHSN
## Industry and Innovation

### Context

We aim to simultaneously:

- Generate economic growth
- Improve patient outcomes
- Reduce costs to NHS
- Industry and innovation

Innovators from the NHS and Industry often identify opportunities but need support to develop business plans, business models, prototypes, and evidence.

For most, this requires clinical advice, mentoring, introductions, funding, and guidance to navigate the complex NHS market place.

We support companies along that journey and increase their prospects of success.

We will bring innovations to patients faster, improve value for money in the NHS and generate economic growth.

### Achievements

We have supported one innovator to successfully apply for the National Innovation Accelerator programme.

We’ve held two innovation forums.

Helped 10 companies apply for business development grants, of which 5 have been successful, with total awards of £955,000.

Supported 10 companies to exhibit over four major events, reaching collective audiences of over 10,000 people.

We have seen 17 companies at Health Innovation Surgery.

Published 23 Money Minutes podcasts, collectively listened to over 22,000 times.

We have led the first South Coast MedTech Investor Showcase, with 16 companies selected to pitch for external investment to over 100 investors.

Supported 150 companies to move forward through the Innovation Pathway.

### Planned Impact 2017-18

- >12 companies joining the HIP\(^1\) to produce improved business plans, models and pitching skills.
- 20 companies benefiting from a meeting with the HIS\(^2\).
- Create at least 10 money-minute podcasts to highlight funding opportunities to companies.
- Support at least 10 companies to apply for development grants, generating at least £1m.
- Run at least three Innovation Forums, around Wessex to bring private investment into developing companies through the investment showcase.
- Bring start-ups and SMEs into exhibition space with NHS decision makers resulting in contracts and pilot studies.

Planned spread: We already collaborate with West of England and Kent Surrey and Sussex AHSNs will continue to for the benefit of local companies.

Transition plan: This is business as usual for us, and so has no end, however, interaction with each company will end appropriately, dependant on their product development (succeed or fail).

---

1: Health Innovation Programme 2:Health Innovation Surgery
Data-driven, digitally-delivered personalised healthcare – arguably the biggest driver of change in health systems over the next 20 years will be an explosion in health care data captured through wearable devices and devices connected to the internet.

Rich real-time data couple with strong analytics offers the prospect of more proactive and personalised healthcare.

But that is not inevitable. Other scenarios where uptake of digital and analytics is slow, or where they are not blended fully with holistic, “touch-based” care are possible.

Our work will focus on supporting the system to exploit the benefits of this new world and avoid some of the fit falls.

A review of existing barriers faced by various stakeholders when accessing data for research and service improvement purposes

Built links with leading edge industry

Establishing links with the national opt-out and consent model programme and the development of consultation capacity

Development of the Optimising Intelligence Programme infrastructure including the Programme Board and Expert User forum

Delivery of Digital Workshop (STP leaders/University of Southampton) regarding self management

We presented to the West of England AHSN on data developments in Wessex

Active and ongoing involvement in the Hampshire and Isle of Wight STP Digital Transformation Board

Increased awareness of the role of the AHSN to support intelligence developments

Undertake demonstrator projects to highlight the barriers which prevent the optimisation of intelligence

Review barriers to innovation and take action with relevant stakeholders to address increased recognition that patients and the public have an important role to play in progressing the optimisation of intelligence to improve service delivery

Recognising the learning and development needs of the workforce

Continue to use our digital health blog and website pages to disseminate progress

Planned spread: This project maintains a local delivery focus during 2017/18, however, we will regularly share our progress and outputs with NHSE, southern region, national AHSN informatics leads and key stakeholders

Transition plan: At present, the programme is planned to run until the end of 2019. At the point where the AHSN need to move away from this programme, it will be the role of the OI board to agree the transition strategy
Wessex International Healthcare Consortium

Context

High-growth countries are embarking on large programmes of healthcare reform which creates new opportunities for partnerships with UK healthcare institutions and organisations.

Wessex International Healthcare Consortium (WIHC) is ground-breaking in its approach. We are the first NHS consortium to organise ourselves to respond with a whole health community offering. This will support exports and inward investment.

International activity will bring opportunities for fresh research and learning and the potential to strengthen Wessex’s recruitment and retention.

Achievements

Representation across all four counties of the Wessex region on the WIHC Advisory Board

We are a founder member of UKIHMA

Developed strategic partnership with Healthcare UK and Department of International Trade

Networks developing in international target markets

WIHC has responded to five relevant international opportunities on behalf of members

Developing collaborations with Bournemouth University’s BU Chinese Innovation Hub and the UK ASEAN Business Council

Planned Impact 2017-18

Generate new inward investment into the Wessex region and UK Plc

Providing opportunities for international organisations to showcase products and services that could improve patient care and generate NHS cost savings

Increasing cohesion amongst AHSN members to internationally export high quality, safe services and products

Increasing and developing local workforce through exchanges / placements with international customers

Supporting local businesses to win commercial health and life science contracts overseas, bringing new investment to the UK

Planned spread:

- Developing cohesion with other AHSNs to strengthen international consortium
- Working collaboratively with Department for International Trade and global healthcare organisations

Transition plan: Does not currently apply
Context

The Centre for Implementation Science (CIS) provides research and analysis for health and social care improvement programmes, putting evidence into practice and increasing impact for the benefit of people in Wessex.

CIS provides an integral link that brings together expertise from the five Wessex universities, AHSN partners and national organisations.

We analyse data to produce health intelligence and create interactive tools to support health care improvement across Wessex.

We evaluate change and improvement programmes, and improve the knowledge, capacity and capability of successful implementation amongst our staff and member organisations.

Achievements

Operational research and analytics adopted across Wessex as a method to support cancer pathways and health services redesign, as recommended in the FYFV

Shared our work on endoscopy service capacity modelling with NHSE

Joint venture between Wessex CLAHRC, University of Southampton CORMSIS and CIS aiming to develop skills in data analytics, simulation and modelling for NHS Trusts’ and CCGs’ employees over a 12-month period

£2,000 awarded from the Southampton Data Science EPSRC Institutional Sponsorship programme

Created an interactive online data visualisation of cancer waiting times

Academic papers submitted to the Journal of Criminological Research, Policy and Practice, and Open Medicine Journal

Published COPD and ASTHMA online dashboards

Presented our projects at four conferences

Successfully completed two evaluation reports on NEHF Vanguard programme

Planned Impact 2017-18

Publish peer-reviewed publications (two per researcher)

Complete two independently contracted programme evaluation projects

Complete a project in each county area of Wessex (Hampshire, IoW, Dorset, and South Wiltshire)

Implement changes to the University of Southampton teaching curriculum (under- and post-graduate courses)

Raise our profile through digital content and online marketing

Planned spread: We plan to bring together our learning from completed evaluations by Oct-17 (top match the start of the academic year) as a saleable package

Transition plan: CIS is part of our core business and offering. All evaluations and publication will be delivered before the end of Mar-18
Vanguard evaluation and replication of New Models of Care

Context

We were appointed as the independent evaluation partner to Happy, Healthy, at Home (North East Hampshire and Farnham) and My Life a Full Life (Isle of Wight)

Evaluations are informed by Logic Models and ‘deep dives’ into a range of New Care Models

We use mixed methods, including patient and staff reported outcomes (R-Outcomes), team evaluation, quantitative analysis of service activity and health care use, and economic modelling of cost benefits, with the aim of attributing measured outcomes

Each new care model is defined by a set of ‘active ingredients’ to facilitate replication and spread

We work with the Vanguards to disseminate the learning about what works and plan for scaling up and spread

Achievements

Successful delivery of the first North East Hampshire and Farnham (NEHF) Vanguard Evaluation Symposium

10 completed evaluations, comprising three for West Hants CCG, and seven for NEHF

Dissemination of impact statements (flash cards or case studies), comprising one for Care Navigators in Eastleigh, and one for the North East Hampshire and Farnham Recovery College

Planned Impact

2017-18

Robust New Care Model evaluations that demonstrate whether a NCM is (or is not) beneficial, and how this can be replicated

Communication of evaluation findings to NHS England National NCM team and other Vanguards, by delivering six evaluation symposia

Publication of at least 10 impact flash cards from the evaluation findings

A raised profile of evaluation outputs and learning nationally - we aim to present at least 3 national events

Planned spread: We are developing capability in evaluation methods, analysis and reporting. This provides opportunities for us to spread by attracting and tendering for further work

Transition plan: Our contractual arrangements with Vanguard Programmes influence when our evaluation work will end. Currently, contracts run until Jun-17 for NEHF, and Nov-17 for the IoW
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foreword</td>
<td>2</td>
</tr>
<tr>
<td>2. Context</td>
<td>4</td>
</tr>
<tr>
<td>3. Programmes</td>
<td>14</td>
</tr>
<tr>
<td><strong>4. Resourcing the plan</strong></td>
<td><strong>33</strong></td>
</tr>
<tr>
<td>5. Appendices</td>
<td>37</td>
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Sources of funding

<table>
<thead>
<tr>
<th>Potential income 17/18</th>
<th>£'000</th>
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<tbody>
<tr>
<td>NHSE 17/18</td>
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<td>PSC</td>
<td>£    373</td>
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<tr>
<td>Members' fees</td>
<td>£    312</td>
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<tr>
<td><strong>Other</strong></td>
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<td>R&amp;D claim (est)</td>
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<tr>
<td>New income</td>
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<tr>
<td>Deferred income</td>
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<td>Deferred existing programme income</td>
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<td>Contribution to overheads from the Clincial Senate</td>
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<td><strong>Total</strong></td>
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## Resourcing the plan

<table>
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<tr>
<th>Programme</th>
<th>2017/2018 Programme Budgets</th>
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<tbody>
<tr>
<td><strong>Clinical Programmes</strong></td>
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<td>Alcohol</td>
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<tr>
<td>Atrial Fibrillation</td>
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<td>Dementia</td>
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<td>Extended Primary Care</td>
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<td>Frailty</td>
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<td>Medicines Optimisation</td>
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<td>Mental Health</td>
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<td>National Medicines Optimisation</td>
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<td>Nutrition</td>
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<td>PSC</td>
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<td><strong>Wealth Programmes</strong></td>
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<td>Data-driven, digitally delivered personalised healthcare</td>
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<td>Industry and Innovation</td>
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<td>Optimising Intelligence</td>
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<td>Wessex International Healthcare Consortium</td>
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<td><strong>Evaluation Programmes</strong></td>
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<td>Centre for Implementation Science</td>
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<td>New Models of Care Evaluations</td>
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<td><strong>Corporate Programmes and Costs</strong></td>
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<td>Spread and Adoption</td>
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<td>Communications</td>
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<td><strong>Total</strong></td>
<td>£ 3,985,966</td>
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Enhancing our capabilities

In the coming year, we need to **develop our own capabilities**, and we have identified two key areas for organisational learning:

**Spread**

- **Strengthening relationships** across the system to support diffusion and dissemination of innovation (through for example, our **Locality Account Directors** or working with Vanguards)

- **Co-hosting quarterly Innovation Forums** at members’ locations to support learning about implementing and spreading innovation

- Involving industry/academia and health in an exchange of ideas about products in development (Innovation Exchange)

- **Co-creating design principles** with our members to support planning for spread e.g. model for scaling up innovation, implementing disruptive innovation

- **Identifying the ‘active ingredients’ of New Care Models** to support replication of models that work

- **Disseminating the findings** of evaluations to local, regional and national audiences (Evaluation Symposia)

- **Continuous organisational learning** to inform the evidence base for spread

- **Working with other AHSNs** and national delivery partners to develop insights into the innovation and spread process and support the continuous improvement of the system’s openness to innovation.

**Transition Planning**

As a network with a focus on adoption of innovation and spread, there comes a time when the focus shifts to “business as usual.”

In a highly stretched service, there is always a risk that the AHSN’s involvement overstays its true value and impedes the full transition of adoption and spread to “business as usual.”

We will explore and develop with our members new ways of managing the transition from adoption, testing scalability and spread to handover to appropriate partners to complete spread and/or run as business as usual.
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<th>Section</th>
<th>Page</th>
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<td>2</td>
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<td>33</td>
</tr>
<tr>
<td>Appendices</td>
<td>37</td>
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The denominator for measuring adoption of a programme will differ for each programme due to the nature of the programme, and the types of stakeholders being engaged.

For example, the dementia i-Space programme has a count of one for completing the programme with a GP surgery, while another programme may be looking to achieve engagement with a certain proportion of the local population diagnosed with a certain medical condition, while a different programme may be looking to achieve 100% engagement and completion with one cohort (primary), and only 50% adoption with a second cohort.

During quarter 1 of 2017/18, we will look to establish appropriate denominators for programmes to which the measurement of spread applies.
Find out more:

www.wessexahsn.org.uk

enquiries@wessexahsn.net

@wessexahsn