A review of how the AHSN and partners have responded to the COVID-19 crisis

July 2020
This report looks at the activities we have been involved in over an extraordinary five months, in which key partners in health and social care, universities, and industry, across Wessex, have risen to the challenge of making radical changes in how they work in response to the Covid-19 crisis.

It also summarises our performance on national and local projects in 2019/20. Although, because of Covid-19, the previous 12-months may seem like a lifetime away, many of these projects have an even greater relevance in the context of the crisis. The pandemic, with its devastating consequences, has produced a fertile ground for rapid innovation. Much of our non-Covid work supports many pandemic objectives, such as: reducing demand for emergency care, increasing patient safety, supporting social distancing and, critically, improving the quality of care for patients.

Thanks to the trusted relationships we have built with regional and national partners over the past eight years, we have been in a strong position to provide a solid, adaptive response to the crisis. Along the way, we have discovered that staff at every level of our partner organisations have enormous depths of creativity and commitment; and that the public are more willing than we ever imagined to welcome technology and innovation into their care. Our own AHSN staff have also shown a huge willingness to take on new roles, to work almost entirely virtually; and, for some, to step back into frontline roles or play a part in key national Covid projects. We’d like to thank them for their amazing commitment over the past few months.

The ramifications of the crisis are still unfolding. It is too early to say what the long-term implications are. But if we can bottle the energy, the creativity, the adaptiveness and resilience that have characterised the past few months, then the health and care systems in Wessex will be in a stronger place to tackle the challenges that lie ahead.
The AHSN’s response to the Covid-19 crisis

How Wessex AHSN has supported health and care partners to tackle the pandemic
Electronic Repeat Dispensing (eRD)

Enabling up to a year’s worth of stable, repeat prescriptions without face-to-face consultation every time.
Electronic Repeat Dispensing (eRD)

Benefits of eRD and how it supports the Covid response

- Reducing footfall to the GP practice and to the community pharmacy, supporting social distancing.
- Reducing workload for prescribers allowing better prioritisation of resources.
- Controlled management of the supply chain reducing the number of temporarily unavailable medicines.

The challenge

eRD has been part of the community pharmacy contract since 2005; and from 2019, has been a GMS contract requirement. eRD has a number of well-documented benefits for primary care. However, uptake of eRD is hugely variable, even though 77% of all prescription items are repeat prescriptions. On average, each week, a GP issues around 375 repeat medicines. Department of Health and Social Care work in 2002 showed that, if 80% of all repeats were given as eRD, 2.7 million GP hours would be saved. For example, in Wessex this means that if we moved 80% of all repeats to eRD we would save 108,000 GP hours, which is roughly 61 full-time GPs.

The support

Working with NHS Business Services Authority (BSA), patient data tools have been made available to GP practices. The BSA has provided lists of patients who may be suitable for eRD. These have been generated and sent to GP practices.

Alongside this a wide range of resources has been developed with multiple partners, and using the expertise of the Wessex eRD steering group to cover the implementation process, offering assistance and explanations at every step to GPs, pharmacists and patients.
Electronic Repeat Dispensing (eRD)

The learning
Implementation requires planning and communication. If managed well, the benefits to GP practices, pharmacies and patients can be considerable. Benefits include release of considerable GP time and increased ability to manage the medicines supply chain.

Next steps
Continue to work across Wessex practices and alongside the Digital First Programme to aid eRD implementation. Creating bespoke training resources that can be delivered virtually and at speed.

The outcome
- NHS BSA contacted GP practices on 27 March to offer the service, and to date, **3,311 practices have requested and received the NHS number data for their patients. 950 people have joined** national, regional and local webinars. Despite no national commission for this work, AHSNs are seen as supporting spread, with Wessex acknowledged as national lead by NHSE, NHSD, and NHSX.

- During the initial launch period, eRD web page views **increased by 414% to almost 9,000 views. Collectively, medicines videos have been viewed and seen over 350,000 times.**

- Early data shows an increased utilisation of eRD, with a national increase of (on average) **400,000 eRD items per week. Locally (in Wessex) over 63,000 more eRD items were prescribed in March.**

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eRD – the team changed a planned local pilot with the NHS BSA into a national scheme in six working days in March 2020.
Support for care homes

Supporting Care Homes with digital healthcare and innovation.
Hampshire Hospital Foundation Trust (HHFT): Telemedicine in care homes

The challenge
Telemedicine services allow assessment and clinical support of care home residents using remote video consultations between healthcare professionals and patients. The service for care homes helps provide care for people in their usual place of residence; reducing inappropriate admissions and ambulance calls. This will decrease the amount of elderly and vulnerable patients being exposed to the risks of acute admissions; improve the patient experience, and reduce the number of significant incidents requiring investigation. This service currently runs 8am – 8pm, seven days a week, with the ambition to run 24/7.

The support

- Development of an awareness package and communications for use of the Telemedicine Service for the 78 homes in North and Mid Hampshire.
- Supported delivery of this awareness package across the area, and continued support to the HHFT project team/care homes as directed post awareness session.
- Identification of plans for similar telemedicine approaches across Wessex and scoping of opportunities and support.
- Development of a Telemedicine Service for Care Homes Implementation Guide, and a range of resources to help people find out more.

The diagram below shows how the majority of calls are discharged; keeping residents’ care within their own home.

Discussions are ongoing, and by the end of 2020, **350 – 400** homes could be adopting this work across Wessex, significantly reducing hospital attendances.
Hampshire Hospital Foundation Trust (HHFT): Telemedicine in care homes

The learning

- Importance of informal and formal communications as a driver for change.
- Provision of training at scale - simplicity is key, care homes want a simple solution and not too much detail to ensure they access the service appropriately.
- Investment in time building relationships with the new telemedicine team, nurse facilitators and care home staff to build trust is paramount in increasing usage of the service.

Next steps
Continue to work with HHFT, University Hospital Southampton NHS Foundation Trust and West Hampshire CCG to support extension of the service to these areas. Create a Wessex wide/national guide for implementing telemedicine in care homes.

How does this support Covid-19?
Care homes are among the hardest hit by the Covid-19 pandemic. Infection and death rates are high in this setting, due to vulnerability and age of the residents. This project helps reduce unnecessary travel, potential exposure to the virus, supports social distancing and avoids unnecessary admissions and impact on primary and secondary care.

“We value your strength-based approach in upskilling staff on the “shop floor”, sharing your expertise with others and providing resilience into the system.”
Hampshire Hospitals NHS Foundation Trust

“The proactiveness and can-do attitude of the AHSN is so refreshing.”
West Hampshire CCG
Digitising care homes

The challenge
We identified the need to digitally enable care homes to ensure that the best level of care possible was being delivered for their residents. Care home staff required technology for new ways to communicate with general practice and monitor their residents for early signs of a change in health.

The support
We developed partnerships with central NHS colleagues and industry to explore opportunities to meet the emerging digital needs of care homes. Drawing on innovation adoption expertise, the AHSN has overseen solution scoping, and provided implementation support for small scale pilots for rapid upscaling.

The outcome
A pilot for assessing the acceptability of Lifelight – contactless vital signs monitoring - in a care home setting has been developed with HHFT and Wessex innovators, xim. Care homes and CCGs have contacted the AHSN to support the adoption of Microsoft Teams at scale. The AHSN is developing the blueprint for the NHSE/I Digital First South East initiative to roll-out a pre-loaded end-point device in care homes. This is to help care home staff and the wider network of health professionals to manage and monitor residents’ health using a variety of apps for remote monitoring and consultation. The AHSN is also working with NHSX and industry partners WiFi Spark to identify care homes that would most benefit from free installation of additional wi-fi boosters to improve connectivity across their sites.
Digitising care homes

The learning
Throughout this process, we have gained a greater understanding of the demands care homes are facing today and how technology can assist with the care of their residents, and support the staff who provide this care.

Next steps
We continue to support the rapid adoption and spread of the NHSE/I end-point devices, as well as providing advice and guidance as to the type of device and apps installed. This is based on the experience of engaging with care homes to date.

How does it support the Covid-19 response?
Supporting social distancing and the objective of preventing patients and frontline staff from getting the Covid-19 virus infection.

In the longer term, digitally enabling care homes will provide valuable information virtually to healthcare professionals in both primary and secondary care, reducing the need for face-to-face consultations unless critical.
Production of Personal Protective Equipment (PPE) support

Supporting BSI certification for innovative protective equipment, and sharing knowledge.
PPE reprocessing knowledge-sharing group and R&D

The challenge
Early in the outbreak, demand for personal protective equipment (PPE) in NHS services increased exponentially. Despite release of national pandemic stock and urgent new supply-chains, local trusts still experienced low stocks of single-use PPE garments and masks. PHE published guidance on re-use, but the trusts the AHSN liaised with were concerned this would be inadequate and they would be forced to reprocess PPE repeatedly (i.e. decontaminate and return for use by other staff). At the same time, industry was proposing reprocessing methods - potentially valid, but with limited evidence.

The support
Working with Oxford AHSN, we set-up an informal knowledge-sharing group around PPE reprocessing. This was extended to all trusts in our patches who responded to an expression of interest, PHE regional leads, the NIHR Medtech in-vitro diagnostics co-operative, a testing laboratory, relevant industries and wider AHSNs and trusts.
PPE reprocessing knowledge-sharing group and R&D

Outcomes

• Library of published and publicly-shared resources around PPE reprocessing that continues to grow – SharePoint link issued early on, for local consideration.

• UHS approached an industry member of the group (Inivos Ltd) to set-up, test and implement a reprocessing method for garments at UHS, and requested our support with study technical design and delivery. This led to a four-week rapid-response project with findings published across the group on 15 May. Publication includes a separate document of suggestions for local implementation elsewhere, based on findings and learning.

• Second meeting held 13 May to share UHS-Inivos findings for comments ahead of finalising documents. Well-received with good discussion.

We supported discussions between others facing the same challenges, where no other forum existed; supported industry to engage with NHS to develop solutions responding to unmet needs.

“Thanks for a superb web-con and a well-managed trial from UHS [and the AHSN] and Inivos. I will share the results with our PPE team.” - Transformation Lead, UHS NHS FT
PPE reprocessing knowledge-sharing group and R&D

The learning

• How to rapidly engage colleagues and share information on a highly sensitive issue.

• Robust method established and demonstrated for PPE garment reprocessing, immediately benefiting a member trust (should clinical use of reprocessed garments prove necessary) and detailed suggestions shared on how others can apply findings.

• Industry partner supported to gain vital evidence.

• New microbiological testing method developed, and chemical indicator method demonstrated.

• It is possible to rapidly plan and deliver a complex challenge if key managers at NHS and industry organisations are behind the venture: discussions started 21 April, protocol was written by the 23rd, equipment was on-site with commercials agreed by the 24th, study undertaken on the 25th and during following week, and results finalised on 6 May.

Next steps

Shortly after completion of the UHS-Inivos study, we fed back results to trusts within the knowledge-sharing group and published a document on suggestions for local implementation. The group was then refocused to respond to immediate and longer-term needs identified within the group, and continues to engage with NHSE PPE reprocessing working group and NHSE PPE innovation and sustainability working group.
Achieving BSI certification for COVID respirators

The challenge
In late March, we were asked to support development of a Personal Respirator (PeRSo). Outline plans had been drawn up between Southampton Hospital and the University of Southampton, but there was no prototype, no manufacturer, no view on how or where this would fit within PPE guidelines, and no collective understanding of the fast changing regulatory pathway.

The support
We took an active role in the cross-organisational project team. Specifically, we brought in expertise to understand the pathway to regulatory approval, and have engaged with BSI as the notified body to gain the appropriate CE mark.

This has been a rapid product development; we have played a significant part in accelerating progress.

The outcome
To date, 12 weeks after project initiation, the respirator hood has now received a CE mark (EN 12941: 1998+A2).

The project team is now working with the Health and Safety Executive to gain final approval for the PeRSo to be used in place of an FFP3 filter mask in high-risk areas. National guidelines from PHE have been updated to include use of personal respirator hoods.
Achieving BSI certification for COVID respirators

The learning
A local manufacturer (Indo, Southampton) has produced 5000 units for Southampton General Hospital. All training and usage protocols are in place.

The CE mark has now been approved pending a final review from the Health and Safety Executive (HSE). Other regional hospitals have also placed orders.

The manufacturer’s staff themselves are able to return to work by wearing the product they themselves are building. **They can scale capacity to build 50,000 per week.**

Next steps
We will begin national communications to spread this to other AHSNs once the final HSE review is completed.

This project team has taken an academic idea to commercial design and specification, testing, regulatory approval, training roll-out and spread. It is safeguarding jobs despite the lockdown, providing local contracts likely to run into £millions, and will almost certainly save the lives of NHS colleagues.

We are proud to have had the opportunity to contribute.
Capturing what’s worked well during the crisis, and keeping it for the future.

Supporting our partners to capture and keep the best practice which emerged as they dealt with the Covid-19 pandemic.
Rapid Insight to build adaptive capability in our systems

The challenge
Systems, organisations, teams and people across Wessex are now rapidly adapting how they work and how they deliver care in response to Covid-19.

Decisions and change have accelerated. While the priority is to manage these unprecedented challenges in the best way possible, there is a recognition of the need to capture the learning and maintain the improvements.

There is an opportunity to use the experience and learning from these changes to plan for recovery and a return to a ‘new normal’.

The support
We are helping systems across Wessex to capture the changes they are making and use this information to share intelligence during the response to Covid-19 and, importantly, understand the changes they would want to bank and maintain as we move into recovery and beyond.
Rapid Insight to build adaptive capability in our systems

Questions we are asking include

• What is new that you want to take into the future?
• What has stopped that needs rescuing to be taken into the future?
• What is new (crisis workaround/habit) that you need to stop in the future? How will you reliably sustain new ways of working?
• Is there anything you particularly want help to understand (e.g. patient perception)?

To complement the in-depth system support we are offering, we have also developed a package of support to equip services, teams and people who are keen to undertake a rapid evaluation.

This provides information on approaches and methodologies that could be used or adapted to gain insight quickly.
Rapid Insight to build adaptive capability in our systems

The outcome

We are developing rapid cycles for data collection, analysis and reporting, including running virtual workshops with staff groups. We've held workshops for North and Mid Hampshire ICP Board (28 attendees) and the clinical directors group (55 attendees) plus 34 attendees from focus and patient participation groups. Strategic workshops have been held with Dorset ICS (39 attendees), the University of Southampton's Faculty of Medicine (41 attendees), and South Western Ambulance Service NHS FT (35 attendees). Our Hampshire Together System Leaders event was attended by approximately 60 people. We're developing two detailed case studies for the North and Mid Hampshire system, describing rapid changes to two pathways (remote consultation and hospitals discharge processes).

Next steps

Further work is planned with Dorset ICS on the back of the strategic workshop, and exploratory discussions are underway with Hampshire and Isle of Wight STP and Southern Health NHS FT.
Supporting socially-distanced and digital health services

Supporting frontline services to embed and use digital innovation for patient benefit and support social distancing.
Microsoft Teams: Implementation Support

The challenge
St Clements Surgery in Winchester approached us to support the adoption of Microsoft Teams within their practice and Primary Care Network (PCN) to facilitate remote meetings with each other, and colleagues in care homes where their patients are residents. There were varying levels of digital literacy and limited human resources to ensure homes were set up on Teams correctly.

The support
We were able to provide tech support to frontline colleagues, assist with familiarising them with using Teams meetings and troubleshooting technical difficulties. We contacted care homes on behalf of the practice to guide sites through the process of downloading Teams and joining meetings.

The outcome
St Clements is now using Teams to hold meetings with each other and their wider PCN. This includes daily Covid-19 huddles to stay abreast of developments in the crisis to tailor their response accordingly. St Clements also hosts weekly meetings with the four care homes in their network to discuss PPE supplies, staff availability and outbreak strategies.

In a recent article in the BMJ, Senior Partner Alex Fitzgerald-Barron said they are “collaborating almost daily” with their local practices: www.bmj.com/content/368/bmj.m1279
Microsoft Teams: Implementation Support

The learning
We gained valuable insight into the tailored support sites require to adopt Teams, from understanding the role of the Local Administrator in setting up a Team and adding colleagues into it, to the technical support required to ensure frontline staff are confident in using the technology.

Next steps
Our Digital First Primary Care and Care Homes Covid-19 Response programmes have been upskilled to further facilitate adoption. The model is being adapted and spread across the South East region and conversations with the South West region are underway.

How does it support the Covid-19 response?
Teams has been connecting primary care teams: supporting social distancing and the objective of preventing frontline staff from getting the Covid-19 virus infection.

In the longer term, supporting primary teams to use Teams will save travel time and keep these busy staff members connected, as remote working looks set to continue.

“Wessex AHSN was able to provide the extra resource and technical knowledge we needed to be able to remotely connect with each other and devise the best strategies of care for our patients.”

Dr Matthew Hammerton
St Clements Surgery
Winchester
The challenge
In response to Covid-19, general practices across the country have moved quickly to change ways of working, processes and pathways, to reduce face-to-face consultations and to support social distancing. In Hampshire and the Isle of Wight, practices are choosing to use online consultations to triage patient requests and to help the practices manage their workload in these tricky times.

The support
EConsult is the chosen product for providing online consultations for practices in Hampshire and the Isle of Wight, and we are working with the Sustainable Transformation Partnership (STP) and South, Central and West Commissioning Support Unit (CSU) to provide individual support to practices to help them implement and optimise the use of the product.

Since March 2020, the number of eConsults submitted per month in Hampshire and Isle of Wight has increased by over 250%, to over 46,000 in May 2020.
The outcome
The project is ongoing, but so far we have worked with over 35 practices across Hampshire and the Isle of Wight, helping to address a variety of challenges; from setting up safe processes and pathways, promoting online consultations to patients and working at scale across multiple practices.

We have also worked with the STP team to support the roll out of eConsult to the last few practices, and Hampshire and Isle of Wight now has 98% of practices with an online consultation solution in place, with one more going live imminently.

The learning
We offered broad support to all practices in the area, and targeted support to those identified as more in need, and this model has proven to be successful in engaging with a wide variety of practices with a wide range of digital maturity. Also, the backgrounds of the project team and their local knowledge have proven useful to the success of the project. Ownership and buy-in from the digital team at Hampshire and Isle of Wight STP has helped support buy-in from CCGs and practices alike, ensuring that the project team could connect with the right people to get their offer out to practices.
eConsult: implementation support

Next steps
We will ensure all 45 priority practices have been offered additional support during the summer of 2020. Alongside the tailored support, the project team has been running an evaluation on the impact of the project to understand improvements in the confidence of the participating practices in implementing eConsult, and to get the best from the product. The intention is to publish the results from the evaluation in early autumn 2020. The results from the evaluation, and the learning from this project, will feed into the longer-term plans for digital primary care in Hampshire and the Isle of Wight.

How does it support the Covid-19 response?
eConsult helps practices manage patient demand, reduces footfall and contact (supporting social distancing), reduces the need for unnecessary travel and frees-up valuable face-to-face appointments for those patients who absolutely need them.

If all practices in Hampshire and on the Isle of Wight maximised their use of eConsult, it could save over 35,000 GP appointments per month.

1.8m patients in Hampshire and Isle of Wight are now benefiting from access to their GP through online consultation.
Supporting a community mental health support service to go online

The challenge
The Isorropia Foundation is a non-profit community interest company, located in Newport, Isle of Wight. It runs two community wellbeing centres which provide services to those with a range of personal challenges including mental health, social isolation, disability and those managing life challenges such as unemployment.

Typically, the service provided is face-to-face with website support. To adapt their service to the current Covid-19 crisis, Isorropia have moved their training, education and information service online.

The support
The support we are providing is two-fold: to help more members of Isorropia to access their new online material (via Facebook and their website) by providing them with 50 Facebook Portal devices; and to evaluate their current online delivery model in comparison to their pre Covid-19 primarily face-to-face offering.
Supporting a community mental health support service to go online

Facebook Portal distribution

• Digitally enable people to combat the effects of social isolation.
• Support social distancing through virtual conversations.
• Help members of a mental health organisation to access digital support tools and resources.

Evaluation will look at

• whether the online service engages their current and new members, as well as general public website users’ satisfaction with the different online service provision
• their members’ experience of moving from a face-to-face to a virtual online community and activities
• whether the Facebook Portals improve access to the online service for those members without suitable digital access.
Supporting a community mental health support service to go online

The outcome
We are supporting Isorropia by providing the devices which will help them maintain contact with some of their most vulnerable members via the new online service delivery model. Wightfibre (Isle of Wight broadband provider) is also providing broadband access at home for nine members who previously had no access to online material.

Our evaluation will rapidly inform the Isorropia Foundation about the use and experience of its online services, to enable development of its online service model in the ‘new normal’ post Covid-19 context.

Next steps
We will support Isorropia during the lifecycle of the project, and share the findings from the evaluation with our partner organisations. NHSX and Accenture are evaluating the effectiveness of the Portals ahead of a potential wider rollout. Our evaluation will help to determine the effectiveness of online service delivery in a mental health context.
Dermicus: Testing teledermatology on the Isle of Wight

The challenge

The incidence rates of melanoma are increasing (doubled in the UK since the early 1990s*), but the specialist medical workforce of dermatology consultants is limited. There is also now a requirement to reduce the need for face-to-face consultations in response to Covid-19, and to support social distancing.

The support

- High-quality images sent from general practice to dermatology provider for rapid assessment via the Dermicus app.
- Images reviewed promptly and GP and patient informed of assessment.

The outcome

- Response to initial referral typically within one day – 0.6 days - previous average on the Isle of Wight was approximately four weeks; alleviating patient anxiety.
- Reduction in unnecessary face-to-face consultations and increase in consultant capacity.
- Reduction in cost to NHS of providing dermatology services through 45% of remote referrals being resolved with advice and guidance.

Dermicus: Testing teledermatology on the Isle of Wight

**The learning**
Phased implementation worked very well to ensure that image quality and new pathway were sufficient to enable rapid and high-quality diagnosis.

Additional benefits in primary care clinician understanding of dermatology through collaborative element of the platform.

**Next steps**

- Spread to further locations within the NHS to support remote consultations and minimise travel.
- Application to various NHS procurement frameworks (GP IT Futures, G-Cloud etc.).

**How does it support the Covid-19 response?**

- Continuation of NHS dermatology services with massively reduced waiting times – maintaining some business as usual during the pandemic.
- Reduction in face-to-face contact; supporting social distancing and connecting geographically remote and potentially vulnerable patients.

“Over the past two weeks, I have not been able to visit the Island, since I have two risk factors to my health. However I have still been able to offer a consultant opinion, with the confidence that this is accurate and useful.”

Dr Richard Ashton
Dermatology consultant
Lifelight: Non-contact monitoring of vital signs

The challenge
There is a need to remotely monitor patients with as little physical contact as possible. Lifelight, an app that can be used to take vital signs with no contact, has huge potential to reduce the risk of infection in primary, secondary and care home settings.

The support
Wessex AHSN has partnered with numerous central NHS bodies and industry leads to explore where Lifelight could be of most benefit. Using our innovation adoption expertise and prior experience of Lifelight projects in primary and secondary care, the AHSN developed implementation plans for Lifelight at local, regional and national scale in various settings. A remote Lifelight training package has been developed to eliminate the need for face-to-face support from the AHSN or innovators, xim.

The outcome
Lifelight is currently being piloted in isolation rooms within GP practices and care homes for rapid insight and evaluation. GPs and care home staff are now able to reduce the risk of infection by avoiding close contact with patients requiring observations. The pilots will enable the capturing of learning and lessons from use in the real world, which will inform future spread and adoption plans.
Lifelight: Non-contact monitoring of vital signs

The learning
Stakeholders have identified why Lifelight is valuable to them, developing a business case for further spread and adoption of the technology in a multitude of different settings. Pilot sites have demonstrated the barriers and challenges of remote training which the AHSN has found ways to overcome.

Next steps
The AHSN is seeking further demonstrator sites in primary and secondary care settings to evaluate the suitability of this technology for delivery of care following the Covid-19 crisis.

How does it support the Covid-19 response?
Supporting social distancing and the objective of preventing patients and frontline staff from infection with the Covid-19 virus.

In the longer term, implementing Lifelight in a variety of care settings will improve the experience of vital signs observations for patients, provide this data efficiently and effectively for health and care professionals and enhance remote monitoring and consultations.
Identifying innovations which can tackle the crisis

Searching the market and our contacts for innovations which would help the frontline deal with the pandemic.
AHSN Network: Covid-19 Innovation Horizon Scan

The challenge
The Covid-19 outbreak was expected to place enormous pressure across the NHS and social care and, in response, all levels of care had to adjust quickly. The AHSN Network was uniquely positioned to support the NHS in this time, and it was key to identifying innovations with a clear impact that could bring benefits on quality of care, continuation of care, patient safety and alleviate system demand.

The biggest challenge was to capture innovations that were ready, and supply and adoption could be readily scaled.

The support
Each AHSN was asked to submit innovations in response to the challenge and these were categorised into five groups: remote consultations, remote observations/monitoring, diagnostics, infection control, other. This information was assessed and collated into a detailed longlist that included a description of the specific use case with regard to Covid-19, and any evidence to support their use.

The outcome
The longlist was shared widely across the NHS both at the national level (e.g. NHSE, NHSX) and at local level (e.g. through each AHSN disseminating to STP leads). In response to the national requests, slide decks were created to highlight innovations relating to a specific area that met strict inclusion criteria of: all authorisations in place; buy today, use ‘tomorrow’; already in use (in the NHS or elsewhere). To date, slide decks have been created for the following areas: Covid-19 diagnostics, digital outpatients, mental health, non-Covid-19 home diagnostics and remote observations/monitoring.
AHSN Network: Covid-19 Innovation Horizon Scan

The learning
The AHSN Network effectively responded to the challenge. We have received positive feedback from national bodies (e.g. Accelerated Access Collaborative board, NHS England) as well as fielding queries on submissions from local NHS trusts all around the country.

Coordinating a single, unified AHSN Network response has led to **300+ submissions** and a resource that all 15 AHSNs can use for supporting their local systems.

Next steps
This work has developed further, with Wessex AHSN working alongside the Innovation Agency (Academic Health Science Network for the North West Coast) to provide support for NHSX with the triage of company submissions.

Our Industry and Innovation team led this piece of work nationally, determining the scope and specification, workflow and outputs. They gathered input and contributions from each of the other 14 AHSNs.

The result is a national resource, hosted by us, shared with all AHSNs (and from there to all regional STPs and local health systems), NHSE, and NHSX. The resource currently comprises over 300 submissions.
Enhancing patient safety during the crisis

Supporting the roll out of techniques, pathways and ways of working to support enhanced and safer patient care.
Wessex Patient Safety Collaborative: RESTORE2™ and Covid-19

The challenge
RESTORE2™ is a physical deterioration and escalation tool for care/nursing homes based on nationally recognised methodologies including early recognition (soft signs), the national early warning score (NEWS2) and structured communications (SBARD).

The challenge was how to shift, at short notice, from a physical deterioration safety improvement programme (SIP) to a Covid-19 response involving seven elements, including: NEWS2 (in acute and non-acute care settings); RESTORE2™ (in care homes); treatment escalation plans (TEPs); Covid-19 focused regional networking; NEWS2 digitalisation and identification and signposting of resources.

The support
Wessex Patient Safety Collaborative (WSPC) is expanding the current offer to CCGs to support the roll out of NEWS2 via RESTORE2™ to care homes across Wessex.

• Developing RESTORE2™ mini (soft signs) tool and virtual training resources.
• Supporting AHSN teams nationally to develop care home programmes utilising RESTORE2™ and RESTORE2™ mini based approaches.
• Promoting RESTORE2 regionally via developing relationships with South East and South West Patient Safety Networks, and nationally, via working groups including Covid-19 workstream core leads and primary care resource development.
Wessex Patient Safety Collaborative: RESTORE2™ and Covid-19

The outcomes

Significant progress, complicated by evolving understanding of Covid-19 behaviour (impacting on use of early warning scores). Increased uptake of RESTORE2™ and RESTORE2™ mini across Wessex and nationally.

RESTORE2™ has now been recognised as a significant element in the national response to Covid-19 having been recommended for use in care homes by the British Geriatric Society (March 2020), included as a distinct element in the NPSC’s Covid-19 response plan (April 2020), is being translated into French by a Canadian organisation as part of their Covid-19 response (Apr 2020), and has been reviewed by a Public Health Wales Review Group (May 2020) [outcome pending].

We have also received interest from New Zealand, and from the Department of Geriatrics at University Hospital in the county of Örebro in Sweden, who are interested in translating RESTORE2™ mini to help care home staff across the municipalities to assess and monitor their new admissions.
Wessex Patient Safety Collaborative: RESTORE2™ and Covid-19

The learning
WPSC’s strategy of supporting CCGs (to work with care homes) is proving effective. Additional links with the regional networks / safety cells in the South East and South West have emerged as positive enablers for several aspects of the programmes. Joint PSC working at national level is resulting in specialist teams leading specific projects on behalf of all PSCs.

The development of 14 short videos on aspects of deterioration, NEWS and taking observations (with West of England AHSN and Health Education England) has proved extremely successful with over 40,000 views since March 2020.

Next steps
Engaging with relevant local, regional and national networks to progress all the current RESTORE2™ projects. New work includes development of an e-version of the training handbook, and production of a set of market specifications for developers working on the digitalisation of RESTORE2™ and RESTORE2™ mini.

Work with Wessex Local Medical Committees will be scoped once the GP Resource Development Group reports, although the clinical presentation of Covid-19 is leading the Royal College of General Practice to raise questions about the appropriateness of NEWS2 in primary care settings.
Supporting delivery of safer tracheostomy care

The challenge
During the Covid-19 pandemic, with a surge of critically unwell patients requiring ventilatory support, it was anticipated that a growing number may required tracheostomies to support extubation.

Linking with the national tracheostomy safety project and their Covid-19 recommendations, the Patient Safety programme worked with teams across the acute and community sectors to help us understand where we could fit with local need to help staff deliver safe tracheostomy care.

The support
We connected with local tracheostomy leads in all eight Wessex acute trusts through using our local Critical Care Network (CCN) and Patient Safety Partnership Board members. This allowed us to understand current tracheostomy practice and provide a baseline of practice which was fed back to the programme's national leads.

A tracheostomy network is being developed from existing links via Wessex Patient Safety Partnership Board members, making connections with local Critical Care Network and tracheostomy leads to expand our reach.
Supporting delivery of safer tracheostomy care

The outcomes
Even in the early stages, at least 50% of acute trust teams have expressed interest in engaging with the programme, including implementing some of the safety intervention recommendations.

The learning
As the programme has developed in response to the pandemic it was great to feel that the Patient Safety team could actively support local teams with drastically changed priorities and workload. We gained engagement and willingness to share experiences and practices from all teams we connected with, allowing us to assess how best to offer support.

Working with proactive colleagues at Wessex AHSN made it easier to identify and connect with key stakeholders. We also used a national programme WhatsApp group to rapidly disseminate learning across all of the 15 Patient Safety Collaborative teams.

Next steps
The impact of the programme has been positive. It has given an opportunity to promote and share a national standard for care of tracheostomy patients across all acute teams in England. It has also provided a conduit for teams to feed back experiences and needs to the national leads and commissioners.
Modelling the impact on health services

Supporting partners to map resource and demand, to help meet the demand on services and increased pressure.
Covid-19 Epidemic and Health System Impact Modelling

This work was initiated by the University of Southampton, in collaboration with University Hospital Southampton NHS Foundation Trust (UHS), Wessex NIHR Applied Research Centre and Wessex AHSN. The AHSN’s quantitative researcher, Dr Richard Guerrero-Luduena, joined the team.

The aim was to assess demand for UHS resources created by Covid-19 in specific areas:

- general ward beds (non-ICU)
- ICU beds
- deaths (for mortuary).

Resources were broken down by age group; a model was required to predict hospitalisation time-series.

The challenge

- Many classical epidemic models do not explicitly include hospital pathways, instead (often poorly) deriving hospitalisation time-series from infection curves.
- The number of cases cannot be used reliably to assess infection rates.
- There was a need to correctly implement early social distancing factors and vary the social distancing factor for the policy at 27/04/2020.
- We tried two models before developing a third model.
Covid-19 Epidemic and Health System Impact Modelling

The outcomes

We decided to use a model based on two parts:

- Allocation model - how individuals are assigned to contact networks
- Transmission model - how the disease is carried and transmitted by individuals.

The learning

Simulation can include:

- Individual probabilities for different disease-related outcomes, such as hospitalisation and death.
- Incorporate known distributions of incubation periods, and hospital length of stay.
Keeping older people well during the crisis

Rolling out best practice to support our partners to care for the most vulnerable during the pandemic.
Nutrition

The challenge
Around 1 in 10 people over 65 are malnourished. The onset of Covid-19, social distancing and self-isolation has affected older people who are more likely to be malnourished (e.g. reduction in a person’s access to a variety of foods needed to keep healthy; increased anxiety and reduced physical activity may make people want to eat less). This has been compounded by loss of muscle mass in patients treated in hospital for Covid-19, highlighting an increased need to identify and promote good nutrition.

The support
In 2018-19, we worked with Bournemouth University, the Patients’ Association and the Malnutrition Task Force to produce the Patients’ Association Nutrition Checklist and Nutrition Wheel, simple and validated tools to help identify malnutrition and provide signposting to support and advice. In response to Covid-19, we developed a new guide to the Patients’ Association Nutrition Checklist, and helped Bournemouth University to develop a new guide to eating and drinking, which has been shared widely (i.e. publication on the British Dietetic Association and Malnutrition Task Force websites).

We’re also working with Bournemouth University to create a digital prototype of the Nutrition Wheel which can be used by carers and older people themselves, enabling improved identification of malnutrition and access to support.
Nutrition

The outcome

- Development of the Nutrition Checklist explanatory guide
- Development of a guide to eating and drinking during Coronavirus
- Development of the digital Nutrition Wheel prototype
- Helped strengthen already strong relationships to enable quick and effective response to where it matters most.

The learning

Working with others to co-produce resources helps to make use of existing skills within teams and using networks to share and disseminate new resources and key messages.

Next steps

Remote testing of the digital version of the Nutrition Wheel with volunteers, followed by honing of the tool and publication in 2020/21.

“It’s been a pleasure working with Wessex AHSN to launch the Nutrition Wheel, which helps identify malnutrition and guide towards community support. They have produced additional resources for us to support people who are self-isolating due to Covid-19 with quick turnaround.”

Lesley Carter
Clinical Lead
Malnutrition Task Force

“Through various groups and colleagues, your diet and Coronavirus information has made it to the Isle of Man. We really like it.”

Josie Ward
Dietitian
Noble’s Hospital, Isle of Man
Hydration

The challenge
Dehydration is common among older people living in the community; one study found that almost 40% of over 65s admitted to hospital were dehydrated (El-Sharkawy et al, 2015). The onset of Covid-19 and the advice around social distancing and self-isolation has a particular impact on older people who are more likely to be dehydrated. Keeping hydrated helps reduce the risk of falls, urinary tract infections and helps to treat symptoms of fever. Conflicting hydration messages are common in the public arena, and there are no hydration leaflets aimed at the general public.

Furthermore, our work with care homes and domiciliary care agencies found that knowledge around hydration (e.g. identifying and managing dehydration) was low and there was a lack of training resources available to support staff to improve their knowledge and confidence.

The support
We worked with Hampshire County Council to develop an approach for improving hydration in care home residents and older people receiving domiciliary care. A key output from these projects has been the development of our new hydration toolkit.

The outcome
Development of a hydration toolkit to support people living in the community. The toolkit includes a 45-minute hydration e-learning module, a leaflet aimed at the general public, hydration ‘top tips’ poster and Grandad’s Story (a video highlighting how to recognise dehydration and provide support). The leaflet was tested with 40 older people at a lunch club and activity group for the visually impaired. The e-learning module was tested with two care homes and a hospital mealtime assistant volunteer.
Hydration

The learning
Working with others to co-produce resources helps to make use of existing skills within the teams (e.g. building the e-learning using Scorm) and using networks to share and disseminate new resources and key messages.

Next steps

- Publication of the hydration e-learning module as part of the wider hydration toolkit on Health Education England’s e-Learning for Health (eLfH) website.

- Publication of the hydration e-learning toolkit (to include all resources) on our website.

- Communication to share this work widely around Wessex and nationally through our involvement with the National Hydration Network.

“It’s been really helpful in these uncertain times to see easily available, simple and practical guidance aimed at supporting older people to continue to meet their nutritional and hydration needs.”

Alison Smith
Dietitian for NHS Herts Valley CCG and Chair of the Older People Specialist Group of the British Dietetic Association

“The hydration training really opened up our eyes to many different aspects of the importance of good hydration. This has positively impacted our residents, as we have been able to trial different methods, as well as new tools.”

Emma Smith
Deputy Manager
Seabourne House Care Home
Supporting staff to help patients and their families with sensitive conversations.

Supporting the frontline to handle unwelcome and sad news during the pandemic.
Unwelcome News during Covid-19: developing a framework for professionals in health and social care

The challenge
A question was posed on the End of Life Care FutureNHS platform, seeking training or support for staff delivering unwelcome news in the context of Covid-19; having conversations related to ceilings of treatment, in PPE and not in person.

The support
Completing a year-long HEE fellowship, Learning from Deaths, research fellow and AHSN colleague Heather Stacey shared relevant learning about communication. Professor Bee Wee (National Clinical Director for End of Life Care (EOLC), NHSE/I) linked Heather with Dr Kathryn Mannix, who then formed a group of four including an EOLC lead in London and a simulation training lead in Manchester.

Virtual meetings were held via Microsoft Teams to produce the training materials, while links were facilitated with Health Education England, NHSE/I and the AHSN Network to get the final outputs shared. The speed of the developing crisis lent extra significance to getting the resources approved and published quickly.

The project was too agile even for a name, but the task group knew there was a need to support staff with delivering unwelcome news and hoped that this would be useful and widely shared.
Unwelcome News during Covid-19: developing a framework for professionals in health and social care

The outcomes
The resources comprise four short videos, showing experienced clinical staff talking to camera and sharing their thoughts about how to deliver unwelcome news in different clinical scenarios. These videos are supported by a strong evidence base and framework, a visual sketch note and a phone prompt list. Staff have reported finding them useful and they were positively peer reviewed prior to release.

From initial request to sharing final resources with HEE and NHSE/I was just ten days. The framework went live on the HEE eLearning for Health (eLfH) hub on 2 April, and was disseminated nationally via the AHSN Network website and social media platforms the following day.

The learning
The small working group found itself through connections; a tiny team of clinicians (a nurse, an Occupational Therapist, an ICU technician and a doctor) with other colleagues invited to help with specific tasks in a tight timeframe. Networks were used to bring in people as needed from different organisations and all were keen to do something beyond the usual boundaries, happily giving their time and expertise.

Next steps
This short, very focused piece of work serendipitously arose at the right time. Covid-19 made it very possible to cut through the usual barriers and silo working and work together, with great willing.