West of England AHSN Business Plan 2021-2023

Transforming lives through innovation

West of England
Academic Health
Science Network

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Introduction

It has never been more important for the NHS to be harnessing the potential for innovation to help transform health services and improve health.

This business plan describes an ambitious programme for improvement and innovation over the next two years, in order to deliver significant and lasting benefits to our member organisations and local citizens as well as continuing to contribute nationally to the work of the AHSN Network.

It takes account of the new national programmes, but fundamentally it is a local business plan for the West of England. This is consistent with the expectation from our national commissioners that the majority of the funding they provide should be targeted at developing local innovation programmes as the foundation for a successful national innovation pipeline.

It also includes a number of important programmes that were paused last year in the early stages of the Covid-19 response.

We have set out a vibrant new local programme in response to the priorities of our three local health and care systems, and through regular engagement with the NHS South West regional team. Naturally, the priorities identified in the NHS Long Term Plan remain directly relevant to this, but we also now look through the lens of the pandemic and the opportunity for transformational recovery. While our key work programme and areas of focus have been agreed, this plan also builds in scope for the AHSN to remain as agile and responsive to emerging needs and challenges as ever.

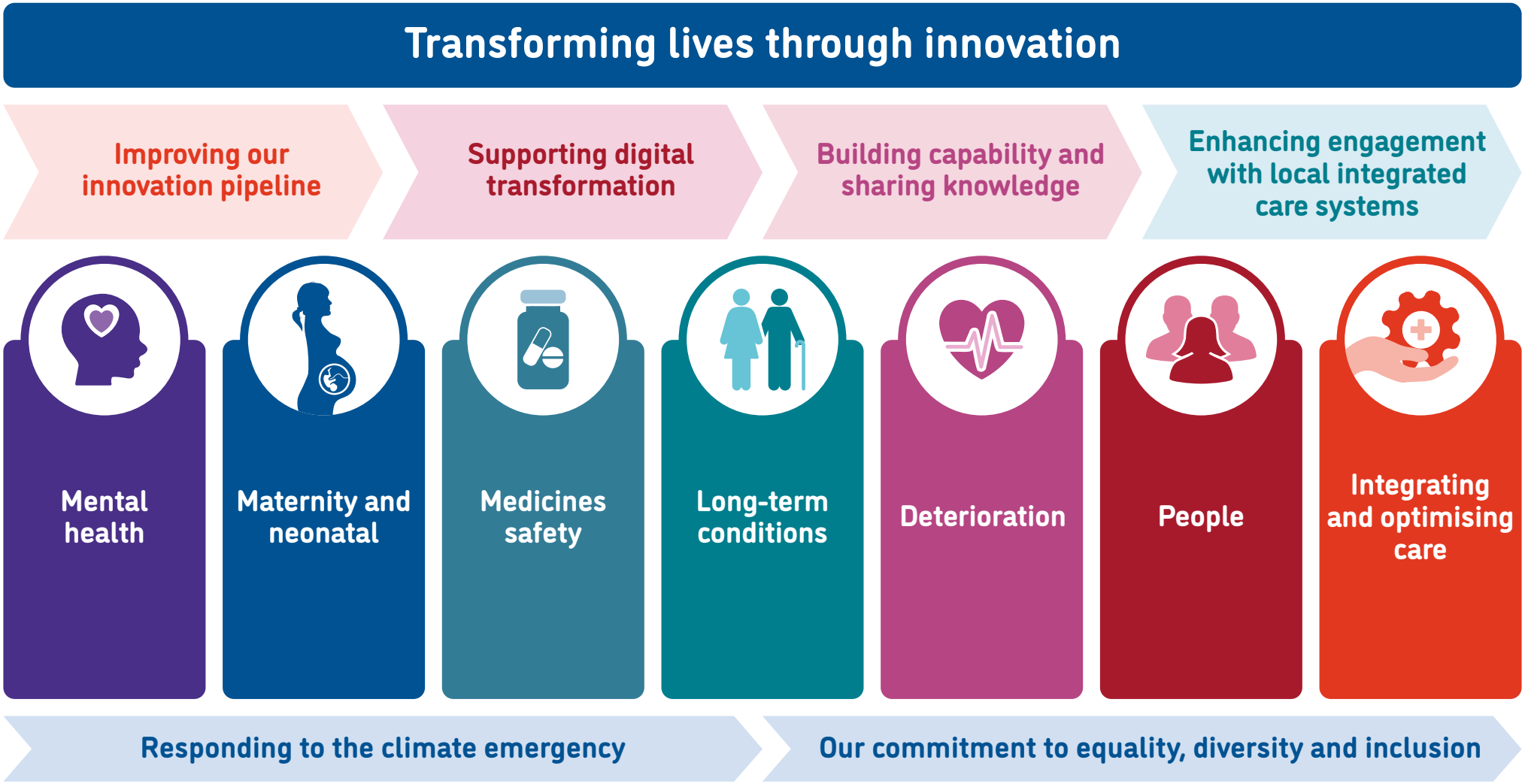
The Covid-19 pandemic has required an unprecedented response across health and care systems. Improvements and innovations, particularly digital, implemented rapidly and at scale at all levels have transformed many aspects of the organisation and delivery of health and care services.

Our role as an AHSN in supporting this response grew rapidly from March 2020 onwards, particularly through our digital primary care rapid response work, and the acceleration and expansion of our safer care homes programme, and our leadership of the regional NHSX Scaling Up Remote Monitoring programme.

More recently, and consistent with the pattern across the health service, the focus for AHSNs both nationally and locally has shifted to supporting recovery and reset, including a growing emphasis on capturing, evaluating and acting on the learning from the response to Covid.

Amidst all of this, our twin priorities to support the spread of proven innovations and to identify and evaluate promising new innovations remain at the heart of our mission and are more relevant than ever.

Plan on a page



Our golden threads

Responding to the climate emergency

The climate emergency represents an existential threat to life on earth. Whilst the full extent of this is being realised over years and decades, the impacts on the health and wellbeing of people are already evident across the world, including here in the United Kingdom and in the West of England.

It is estimated that the health and care system in England is responsible for as much as 5% of the country's total carbon footprint.

From a public health perspective, in addition to being a major contributor to climate change, air pollution is linked to conditions like heart disease, stroke and lung cancer, contributing to around 36,000 deaths annually.

The changing climate is also leading to more frequent heatwaves and extreme weather events such as flooding, and an increased risk of the potential spread of infectious diseases to the UK. Almost 900 people were killed by last summer's heatwaves in the UK, while nearly 18 million people go to a GP practice in an area that exceeds the World Health Organisation's air pollution limit.

Last year the NHS Chief Executive Sir Simon Stevens announced the 'For a greener NHS' campaign with the objective of engaging the NHS and its staff to step up action to tackle the climate "health emergency", helping prevent illness, reducing pressure on A&Es, and saving tens of thousands of lives. The initiative followed the launch of the Climate Assembly UK last year, which is discussing how the country can best get to 'net zero'.

Our member organisations and local systems are already active in responding to this challenge, which is also a priority for our research partners and our Local Enterprise Partnerships.

Innovation in its broadest sense is an essential ingredient in the response to the climate emergency, and with our unique position at the interface between the NHS, academia and industry, the West of England AHSN is well placed to support this.

During 2021/22 we will work with our member organisations to identify opportunities to bring our specific knowledge and capabilities to bear on this issue. This will include specific environmental parameters in our criteria for selecting innovations for inclusion in our local innovation pipeline.

We will also participate in the related programme being formulated by the national AHSN Network, which will enable us to identify promising innovations for local adoption and spread.

Our golden threads

Our commitment to equality, diversity and inclusion

The AHSN underwent a significant renewal in 2018 following the confirmation of a second national five year licence to operate. Over the last three years we have undertaken a series of organisational development activities with the whole team. This work has informed the development of our organisational values.

During this period we also contributed to the development of a series of diversity and inclusion pledges, which have been agreed in common across all 15 of the AHSNs nationally.

The three core AHSN Network diversity and inclusion pledges are:

- We commit to empowering and supporting staff to be positive role models for equality and diversity
- We commit to understanding the impact of our work on all members of our communities and for our work to reflect the equality and diversity within these communities
- We commit to implementing a recognised process to self-assess and improve equality performance in each of our organisations.

It has been a tumultuous 12 months in the context of equality, diversity and inclusion, with the continued persistence of racism in society highlighted by the Black Lives Matters movement and the disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities.

As stated by NHS Chief Executive Simon Stevens last year: "This has brought into stark and urgent focus the layered impacts of years of disadvantage and inequality."

In direct response to this there has been a strong consensus across our whole team for the need to undertake a substantive programme of organisational development work focused on equality, diversity and inclusion in all of its aspects, and encompassing individual team members, the organisation as a whole and people in leadership roles.

We also want to ensure that this leads to change in the way we operate and that is capable of being sustained for the long term.

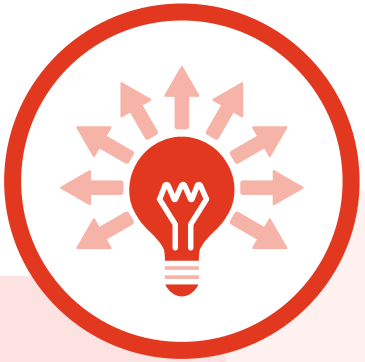
This work is has been led by our internal diversity and inclusion group, with representation from across the organisation and chaired by our Chief Executive, Natasha Swinscoe.

We have signed up to the Bristol Equality Charter and through this joined the Bristol Equality Network, which will provide further sources of peer support and ideas.

Further to this, we resolved to obtain expert support to help to design and deliver an organisational development programme with a specific focus on equality, diversity and inclusion.

Following a competitive tender, a local organisation, BCohCo were selected and commenced work in April 2021. We are working together through a discovery phase that will lead to the co-creation of an ongoing programme of work. The scope of this will include both how we work together as a team, as well as informing the design and implementation of our future work programme with our local systems and partners.

Enabling programmes



Discover, develop and deploy – the innovation pipeline

Our core mission as an AHSN is to speed up the pipeline for innovations so that the benefits are available to patients and clinicians sooner. Our local innovation pipeline model has been developed over the first eight years of the AHSN through a combination of deliberate design and incremental change.

The primary objective of the innovation pipeline is to realise new products, services and pathways with clear evidence of effectiveness, which are ready to be adopted by our local systems.

In addition, data from each of the 15 AHSN local innovation pipelines are collated and shared across the AHSN Network, enabling the import and export of innovations across the country.

During 2020/21 the AHSN Network committed to establishing a more explicit national pipeline model and, linked to this, to take a more consistent approach to local pipeline delivery. One of the AHSNs, Health Innovation Manchester was commissioned to lead the implementation of the national pipeline model and to provide guidance and support to local pipeline redesign.

The detailed design and implementation of further enhancements to our local pipeline model is continuing during the first quarter of 2021/22.

The innovation pipeline is defined in five stages with formal 'stage gates' between each. This is illustrated in the diagram on the next page.

At each stage gate the innovations that offer the greatest potential to deliver against agreed priorities are selected using agreed criteria.

The stage gate decisions will involve evidence-led, multidisciplinary review with representation from the AHSN and our three local systems, together with our academic, research and local enterprise partners.

The mechanisms for stage gate reviews will be developed in conjunction with our systems and partners during the first quarter of 2021/22.

This year we are also increasing our focus on identifying outputs from research that are ready for our innovation pipeline. In addition to strengthening our relationship with the newly designated local Academic Health Science Centre and with the West of England Clinical Research Network, we have also established two new academic liaison roles with the University of Bath and University of Bristol.

A core element of an effective innovation pipeline is the ability to validate promising innovations in real world settings. Our new *Insight and Evaluation* function will be established in 2020/21 to provide capability and capacity for rapid evaluation of promising innovations in a real world setting in collaboration with our local integrated care systems.

This includes: a new role of insight and evaluation programme lead commencing in the first quarter; increased collaboration with ARC West to develop a flexible rapid evaluation capability; and partnering with academic partners and other AHSNs to provide access to a broad range of insight and evaluation capability.

Enabling programmes

West of England Innovation Pipeline

Triage and initial support	1	Market readiness	2	Project proposal to business case	3	Proof of value project	4	Deployment
Initial discovery and appraisal of innovations against priorities. Provision of light touch support and signposting	GO / STOP	Promising innovations receive more in-depth support, liaison with member organisations to explore potential need and gap analysis	GO / STOP	Further exploration of gap analysis and identification of specific support and resources required	GO / STOP	Real world validation projects which may include further evaluation, cost benefit analysis and commissioning case development	GO / STOP	Innovation ready for spread and adoption within the West of England and beyond, in collaboration with member organisations and the wider AHSN Network
250		75		20		5		3

Anticipated number of innovations passing through each stage of the pipeline each year

Enabling programmes

Digital transformation

The response to the Covid pandemic has seen an unprecedented rise in both the appetite for and adoption of digital health technologies that support new ways of delivering healthcare services, especially where physical contact is not possible or where there is a priority need to deliver care outside of hospital, including in people's homes.

The approach to using digital tools and services is undergoing a seismic shift across all our systems. Although many of the technologies adopted during the first phase of the pandemic were already established in some geographies, in many cases they were not widely implemented and their impact on systems, services, workforce and citizens is only just emerging. The West of England AHSN recognises the vital importance of innovative digital technologies to the future of care, but we also understand that the technology itself is only a part of the solution.

Our networks of Clinical Digital Advisors and Subject Matter Experts, coupled with our intimate knowledge of the health and care systems we serve, help us to understand our members' priorities for service transformation and their ambitions for new ways of working. Through our knowledge of current infrastructures and digital programmes across our region, we are able to identify shared opportunities and broker relationships across our systems and beyond to support the adoption of proven digital ways of working using our expertise in quality improvement. Where there is unmet need, we can support our members to horizon scan for the best-fit technologies and seek funding assistance.

We coordinate the South West Digital Leaders Network, hosting quarterly meetings and a dedicated FutureNHS workspace and discussion forum. This puts us right at the heart of not only the digital leadership across the region but also the rapidly emerging clinical and care practitioner digital voices who are critical to the successful identification, delivery and sustainability of the region's digital future.

Enabling programmes

Building capability and sharing knowledge

Our West of England Academy will continue to deliver a range of informative, professional and relevant education resources (online, face-to-face, synchronous and asynchronous) that will help colleagues across our local healthcare systems and within our member organisations to think and work innovatively, and implement new ways of working using quality improvement (QI) methods and tools.

The approach is underpinned by our Innovation and Improvement Journey, with an increasing range of online resources from the usual QI methods and tools, to our unique, practical innovation techniques.

Our 2021/22 offer will be further enhanced by a brand new Innovation MOOC (Massive Open Online Course), designed and delivered in collaboration with the University of Bath. This will offer an introduction into the education of basic tools and techniques for innovative thinking and working.

We will run this four-week programme, involving 12 hours of online study, six times during 2021-2023. It will act as an entry to our developing range of innovation training at both entry and leadership levels, for health care innovators and local entrepreneurs, plus deliver leading edge QI training to support delivery of the broad portfolio of AHSN work programmes, whilst encouraging a positive culture for innovation in the West of England.

In September 2021 we will support digital leaders across the region to launch the South West Informatics Skills Development Network in collaboration with Health Education England. Building on the existing highly successful Finance and Procurement Skills Development Network, this function will provide enhanced opportunities for the health and care workforce across our geography to increase their digital transformation skills and competencies and will drive professionalism across the digital workforce.

Our highly successful Health Innovation Programme provides bespoke training to up to 15 promising new innovators each year. Now in its sixth year the programme has 114 alumni. In response to this we have introduced an alumni support group with an expanded programme of regular events planned for 2021/22.

We are continuing to support UWE's HealthTech Business Assist programme, encouraging innovators to develop products that have the potential to address the needs of our local health and care community.

Launched in May 2020 our Evidence Repository is a partnership with local integrated care systems and hospital libraries to support rapid evidence sharing as the COVID-19 pandemic unfolded.

Based on feedback from users we have expanded the membership to include public health organisations, as well as the content to include QI and population health management projects.

In 2021/22 we will continue to work with our members to grow the repository, through engagement with interested organisations and promotion on social media and sharing our new introductory video. We will also liaise closely with the team developing the national evidence repository (a collaboration between NHS England and the British Library) to identify how we can work together.

Enabling programmes

Engagement with our local integrated care systems

Continuous and dynamic engagement with the frontline of health and social care delivery enables us to maintain a deep understanding of the needs and priorities of our local systems.

For 2021/22 our mechanisms for engagement with our local systems and partners will be further enhanced through a cohort of new Subject Matter Experts, together with a refresh and expansion of our other established interfaces.

- Our new *Subject Matter Experts* connect us to health and care practitioners working on the frontline from a range of specialities, disciplines and care settings.
- Our refreshed and expanded *Link Director* network enables us to engage directly with transformation and innovation leads and other partners, including our newly designated Academic Heath Science Centre.
- Our expanded cohort of *Clinical Leads* are all experienced clinicians, typically in active clinical roles from both primary and secondary care, who work with us on a sessional basis. Their blend of knowledge and experience combined with their insights from frontline is central to the success of our operating model.

In addition to these layers of engagement, we continue to benefit from excellent relationships with our member organisations and our three local systems, with strong representation from local system leaders on our AHSN Partnership Board. This is supplemented by direct engagement between the AHSN senior leadership team with system leaders and NHS regional team colleagues.

Main programme themes

Mental health

South of England Mental Health Collaborative and the Mental Health Safety Improvement Programme

The Mental Health Safety Improvement Programme is one of the five national Patient Safety commissioned projects and aims to reduce restrictive practice, improve sexual safety, and reduce deliberate self-harm and suicide within in-patient services. It also includes improving care of people with a learning disability.

The South of England Mental Health Collaborative is an established network of mental health professionals across the South of England, which empowers people with lived experience and healthcare staff to work together to identify and develop solutions to local problems.

Consisting last year of membership from 11 mental health trusts across the South of England, the Collaborative is hosted by the West of England AHSN and has been identified as a key delivery vehicle for regional delivery of the national Mental Health Safety Improvement Programme. All five AHSNs have agreed to re-join the Mental Health Collaborative for 2021/22, which means membership coverage for every inpatient mental health service across the South.

Building on the success and principles of the Collaborative, along with membership of all five AHSNs and their respective trusts, 2021/22 will see the delivery of the Mental Health Safety Improvement Programme key ambitions and deployment of Patient Safety Networks. We will also use our well established Learning Disabilities Collaborative to maximise the impact of this work.

SHarED

Since 2019, our Supporting High Impact Users to Emergency Departments (SHarED) project has set out to support the most frequent attenders of the emergency departments in the West of England.

The High Impact User Service in each trust works collaboratively with a multidisciplinary team to develop Personal Support Plans to facilitate a reduction in attendances and admissions, as well as improve both staff and patient experience.

A High Impact User Network for the acute trusts has been developed to facilitate ongoing shared learning. In June 2021 we are hosting a webinar for those outside our region who are interested in the SHarED approach. If there is an appetite and need for further improvement work in this area outside of the West of England, we will provide support with resources.

An evaluation is expected to be completed by September 2022 to demonstrate the results of the project.

Transfer of Care Around Medicines (TCAM)

We are working closely with the mental health trusts in the West of England to improve discharge processes around medicines. Read more about this in the Medicines Safety section on page 17.

Main programme themes

Mental health

Early Intervention Eating Disorders

Early Intervention Eating Disorders is a national AHSN Network programme supporting the adoption of evidenced-based models, including FREED (First episode Rapid Early intervention for Eating Disorders). FREED consists of a service model and care package, providing highly coordinated early care for 16 to 25-year-olds with a first episode eating disorder of less than three years duration.

In 2021/22 we will continue to work with eating disorders services in Avon and Wiltshire Mental Health Partnership NHS Trust and Gloucestershire Health and Care NHS Foundation Trust to support embedding of FREED within existing service models, including funding for a FREED Clinical Champion for each organisation.

Focus ADHD

Attention Deficity Hyperactivity Disorder (ADHD) affects around 1 in 20 school-aged children. If left untreated, it can have significant impact on personal development, academic outcomes and family interactions.

QbTest is an objective test that measures attention, motor activity and impulsivity – the core symptoms of ADHD. The QbTest combines continuous performance testing with an infrared motion detector, which measures hyperactivity alongside impulsivity and inattention. Test users are required to sit at a computer wearing a headband which measures activity, pressing a button whenever they see an infrequently appearing target.

A real-world evaluation showed the time from assessment to diagnosis could be reduced by 153 days and our aim is to increase the uptake of the test to improve diagnosis rates.

In 2021/22 we will continue to work with Children and Adolescent Mental Health Services and community paediatric services across our three systems to improve the implementation and uptake of QbTest.

Supporting mental health resilience in the young

Through our Future Challenges programme, we ran two projects in 2020/21 to support young people's mental health resilience.

'SmartGym Gloucestershire' was a pilot at Newent Community School and Sixth Form Centre, assessing the value of combining physical and cognitive exercises to build young people's mental resilience. We brought together Rugged Interactive, Gloucestershire Health and Care NHS Foundation Trust and the Anna Freud National Centre for Children & Families to evaluate the SmartGym Resilience Programme with a selected cohort of students.

'MiHUB' was an innovative technology-based project exploring the use of virtual reality technology to supplement current mental health approaches. We supported ProReal to work with Wiltshire Council and the Bath and North East Somerset, Swindon and Wiltshire CCG to trial MiHUB at Royal Wootton Bassett Academy with a range of students from years seven, eight and nine.

We will publish the evaluation reports for both projects early in 2021/22.

Main programme themes

Maternity and neonatal

Maternity and Neonatal Safety Improvement Programme

Building on the success and impact of the work of our Maternity and Neonatal Health Safety Collaborative, we will capitalise on the networks and relationships set up through this collaborative to design and implement Phase 2 of this national programme.

To date we have transitioned the Local Learning System to a Patient Safety Network, engaged clinical leads across the three key disciplines of midwifery, neonatology and obstetrics, as well as establishing a Leadership Group incorporating representatives of all stakeholders who will provide clinical expertise and local intelligence to deliver our Local Improvement Plan.

In 2021/22 the Maternity and Neonatal Safety Improvement Programme will continue the excellent work of the Collaborative to support our systems in building capability and capacity in quality improvement (QI) science and methodologies, linking with subject matter experts in the West of England Academy for specialist knowledge and training where appropriate.

Ensuring our work aligns with regional ambitions and strategies, stakeholders will be supported to reflect on their relationships with colleagues and the systems they work in, including repeating safety culture surveys to understand any change.

We will also build on past experiences and successes such as PReCePT and the PERIPrem Care Bundle; encouraging clinical innovators to nurture and test innovative ideas and foster a system wide culture of sharing, learning, and spreading new ways to deliver safer care for our regional mothers and babies.

We will engage Local Maternity and Neonatal Systems (LMNS), smoke-free pregnancy leads in trusts and other relevant stakeholders to understand smoking cessation pathways in pregnancy and agree a regional aim, driver diagram, change ideas and measurement strategy to support all our regional systems improve smoke-free pregnancies rates.

We are fortunate to benefit from one of our three LMNSs being selected to be an early implementer site to stress-test the smoke-free pregnancy model pioneered in Greater Manchester. We will observe the development and impact of this model and work with our other two LMNSs to capitalise early on the learning from this pilot.

PERIPrem

Building on the locally commissioned PERIPrem (Perinatal Excellence to Reduce Injury in Preterm Birth) Care Bundle project and our partnership with South West AHSN, 2021/22 will see us engage local stakeholders in QI projects that improve outcomes for preterm babies.

We have ensured that the PERIPrem Care Bundle interventions align to the British Association of Perinatal Medicine's best

Main programme themes

Maternity and neonatal

practice guidance for premature births as well as the ambitions of the Maternity and Neonatal Safety Improvement Programme.

We have developed a transition and communication plan to describe the continued delivery of the PERIPrem Care Bundle via the architecture of the Maternity and Neonatal Safety Improvement Programme. This encourages our regional units to continue to submit the monthly PERIPrem Optimisation Tool data to measure and track improvements against the interventions of the bundle and celebrate successes in real time, in addition to commissioning the quarterly PERIPrem Dashboard from the South West Neonatal Operational Delivery Network.

Maternal Early Warning Score

We will engage with all key stakeholders to map out the tools and mechanisms they employ to Prevent, Identify, Escalate and Respond (PIER) to women and babies at risk of deterioration. Once this mapping exercise is complete, we will identify good practice, variation, and opportunities for improvement. We will support and test the Maternal Early Warning Score tool (MEWS) and Neonatal Early Warning 'Track and Trigger' Score (NEWTT) following the scale up programme of the NHSI/E team. We will also support our local systems with any improvement projects identified through their response to the Ockenden Review recommendations.

Reducing inequalities

A requirement of the Maternity and Neonatal Safety Improvement Programme specification is to support our maternity and neonatal systems to close the inequalities gap in outcomes, specifically for black and brown families. Recent data available through MBRRACE shows that black mothers have four times higher risk of dying in pregnancy, mixed ethnicity women three times higher risk and Asian women twice the risk than white women.

In 2021/22 we will be supporting our regional Local Maternity and Neonatal Systems to better understand their demographic and outcome data and support meaningful change through a specific maternity health inequalities working group. Co-production will be the key to this approach.

COVID@Home for pregnant women

We are working with the national maternity team and deterioration leads to develop common guidance for the care of pregnant women with Covid-19 at home.

Maternity Patient Held Records (PHR)

In 2020-21 we supported Bath, North East Somerset, Swindon and Wiltshire ICS to progress piloting of a Maternity PHR, linked to the local integrated digital care record and this work will continue in 2021-22. We are continuously sharing the learning from this pilot with our other systems to support the wider roll-out of maternity digital care records in line with the Long Term Plan ambition for all women to be able to access their maternity notes and information through their smart phones or other devices by 2023-24.

Main programme themes

Medicines safety

Medicines Safety and the Medicine Safety Improvement Programme

The West of England AHSN has an established and high-performing Medicines Optimisation and Safety Team having regionally delivered the AHSN Network PINCER and Transfer of Care Around Medicines (TCAM) national programmes in 2018-20. We have also developed other locally driven projects to support our regional systems, such as reducing Multiple Compliance Aid prescribing, increasing rates of electronic repeat dispensing (directly in response to the Covid-19 pandemic), community pharmacy lean working and polypharmacy projects.

The team ensures a coordinated approach with other AHSN/Patient Safety programmes of work. These include medication optimisation and safety, such as cardiovascular disease (including the 2018-20 AF national programme), long term conditions, the Rapid Uptake Products programme, managing deterioration, as well as digital programmes, such as improving remote monitoring in care homes. The team is also well networked with all key stakeholders in the region. The Medicine Optimisation and Safety programme of work reports to a multi-stakeholder, cross-sector, regional Medicines Safety Steering Group.

As one of the national programmes, the Medicines Safety and the Medicine Safety Improvement Programme has seen a network of care homes engaged with the West of England AHSN through the rollout of a local project to train care home teams in RESTORE2/Mini, as well as the regional delivery of Managing Deterioration Safety Improvement Programme and work to specifically support the recognition of deterioration and health outcomes of residents with Learning Disabilities.

In 2021/22 the Medicines Safety and the Medicine Safety Improvement Programme will focus on building QI knowledge, skills, and capability to support safer resident care and improve safer medicine administration. Initially, this will be achieved through testing four change ideas identified from the diagnostics phase of work in 2019/20: learning from errors, managing interruptions; safety huddles; and three-way communication (care home, GP, community pharmacy).

Engagement with regional stakeholders identified a number of local projects that had an impact in reducing inappropriate high dose opiate prescribing for non-cancer pain. The learning from these projects have been captured and submitted to a central repository for consideration by our programme commissioners.

The ambition of this programme is to nationally review all regional submissions and distil them down into projects/themes for wider adoption and spread in the next phase of this programme. The West of England region benefits from the expertise and knowledge of national clinical leads with a special interest in pain management. Therefore, it is our intention to understand their local plans and ambitions and share these as pipeline opportunities for the national Medicines Safety and the Medicine Safety Improvement Programme.

Main programme themes

Medicines safety

Transfer of Care Around Medicines (TCAM)

In the past year we continued to support the national TCAM programme. This identifies patients discharged from hospital who may need help with their medicines, referring them to their community pharmacy for advice and support.

As part of our TCAM programme, all five acute trusts in the West have now implemented the PharmOutcomes system, allowing discharge information to be shared between the trust and community pharmacists.

As part of the Covid-19 response, we saw an opportunity to test the pilot TCAM care homes module to focus on patients being discharged and new residents moving to care homes.

Similarly, we have also identified an opportunity to use TCAM to benefit patients discharged from mental health wards, who often experience changes to treatment and management of their physical and mental health. Medication regimes can be complex or require extra monitoring. These patients do not receive the same level of post-discharge support by community pharmacists as those discharged from acute hospitals.

Working closely with Gloucestershire Health and Care, Avon and Wiltshire Mental Health Partnership NHS trust and local pharmaceutical committees, we aim to improve community follow up around medications for people discharged from regional mental health wards. Where appropriate, we will align our work with other AHSNs who have also supported their local mental health trusts using TCAM to build our evidence base.

Medicines Compliance Aids

Medicines Compliance Aids (MCAs) come under many different names (monitored dosage systems, multi-compartment compliance aids) and brands (Dosette boxes), but are generally reusable, plastic containers for storing medicines, divided into days and/or times of day, to act as an aid for patients taking multiple medicines.

Ideally the decision to issue an MCA should rest with a pharmacist and be based on an assessment made in accordance with the Equality Act (2010), which determines that an MCA is a 'reasonable adjustment' to enable the patient to use their medicines effectively. That said, in many situations, MCAs are being issued without assessment, including at patient, carer, and even care home request.

Local stakeholders, particularly within the Local Pharmaceutical Committees are aware of the issues surrounding MCAs and are keen to implement interventions in 2021/22 to reduce their use as part of a wider agenda to address problematic polypharmacy.

This is an opportunity to improve the safety of patients within the West of England in relation to safe use of medicines, and the project would also see other benefits including freeing up pharmacists time for patient consultation, and improved patient ownership of their medicines and conditions.

Main programme themes

Long-term conditions

Cardiovascular disease (lipid management)

The NHS Long Term Plan highlights reducing the incidence of cardiovascular disease as the single biggest area where the NHS can save lives over the next 10 years.

The aim of this novel, NICE-approved clinical pathway is to improve patient care and outcomes by effectively treating patients with familial hypercholesterolaemia, focusing on secondary prevention. Expanding access to genetic testing for familial hypercholesterolaemia via screening of electronic records and piloting a process of child-parent screening in 2021/22, will enable early diagnosis and treatment for those at genetic risk of sudden cardiac death.

Proactive Care Frameworks

The Proactive Care Frameworks support primary care practice teams to risk stratify patients with long term health conditions and use their workforce to optimise care and promote self-management. The frameworks address long-term conditions such as asthma, COPD and diabetes and can contribute to post-COVID recovery plans. In 2021/22 the project will continue to take a collaborative approach, working with clinical commissioning groups and primary care networks to promote engagement with and implementation of the frameworks.

COPD Discharge Bundle

The COPD Discharge Bundle programme is a national Adoption and Spread Safety Improvement Programme for 2021/22, which aims to increase the uptake of the six elements of the COPD Discharge Bundle for patients that are admitted to hospital with an acute exacerbation. Evidence shows that the risk of re-admission within 30 days is reduced when patients receive all elements of the bundle. We will support organisations in the West of England to adopt the discharge bundle.

Tracheostomy care

The national Tracheostomy Improvement Programme aims to improve the usage of three tracheostomy safety interventions in acute hospitals; bedhead signs, emergency equipment and a daily care bundle. The programme formally finished in April 2021, however we will continue to work with sites to optimise their delivery of tracheostomy care and ensure alignment to national guidance.

Main programme themes

Long-term conditions

Asthma biologics and the Asthma Discharge Bundle

Asthma biologic therapy drugs improve symptoms and reduce asthma attacks in people with severe asthma by helping to stop the body processes that cause lung inflammation. The aim of this innovation is to improve identification of patients who might benefit from this therapy to improve outcomes by providing a better treatment option for patients with severe asthma.

The Asthma Discharge Bundle programme is a national Adoption and Spread Safety Improvement Programme, which aims to increase the uptake of the six elements of the Asthma Discharge Bundle for patients that are discharged from the Emergency Department or following a hospital admission. 2021/22 will see further work to embed the discharge bundle across the acute trusts within the region.

Fractional exhaled nitric oxide (FeNO)

Respiratory disease is identified as a clinical priority in the NHS Long-Term Plan. The aim of the FeNO Rapid Uptake Programme programme in 2021/22 is to manage respiratory disease by measuring fractional exhaled nitric oxide (FeNO) to aid the diagnosis of asthma and to:

- Improve patient care and outcomes by more effectively diagnosing patients with suspected asthma
- Increase widespread patient and clinician access to FeNO testing across primary care.

Supporting self-management with KiActiv® Health

In 2020/21 through our Future Challenges programme, we partnered with KiActiv® Health, a clinically proven digital therapy designed to improve the self-management of long-term health conditions, on a number of projects across the West.

The Bath Centre for Fatigue Services (BCFS) introduced use of KiActiv® Health to empower patient-led behaviour change for patients with chronic fatigue syndrome (CFS) or myalgic encephalomyelitis (ME) symptoms.

Sirona Health and Care are using KiActiv® Health to help people living with chronic obstructive pulmonary disease (COPD) to improve the self-management of their condition by supporting them to understand and improve their everyday physical activity.

We will publish evaluation reports for these two projects early in 2021/22.

And in response to the challenges presented by Covid-19, we supported a project with Wiltshire Health and Care to use KiActiv® Health to support respiratory patients as an alternative to face-to-face pulmonary rehabilitation during the pandemic.

Main programme themes

Deterioration

Managing Deterioration Safety Improvement Programme

Managing Deterioration is one of the five national safety improvement programmes, building on our successful system-wide implementation of NEWS2 (National Early Warning Score), improving outcomes for people at risk of sepsis, the Emergency Department Safety Checklist, our well established West of England Learning Disabilities Collaborative, and our support for system-wide implement of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). 2021/22 will continue to support our systems to adopt and embed the various projects within the managing deterioration programme portfolio.

Paediatric Early Warning Score (PEWS)

As a new workstream within the managing deterioration programme, the year ahead will see the AHSN support the testing of the national tool in two local units ahead of national adoption across all appropriate care settings in England by March 2024. National tools include the new acute Paediatric Early Warning Score (PEWS) and system-wide paediatric observation (SPOT) tracker for children.

West of England Learning Disabilities Collaborative

We established the West of England Learning Disabilities Collaborative (WELDC) in early 2019 in response to the findings of the national Learning Disabilities Mortality Review (LeDeR programme). The WELDC provides a space for collaboration, cross-system working, and sharing of good practice in a way that did not previously exist in the region in the learning disability community. The collaborative now has over 300 members, including representation from primary and secondary care, social care providers, commissioners, charities, community learning disability teams, and people with lived experience.

Throughout the pandemic, the collaborative continued to engage with our community through bi-monthly webinars, including one on advanced care planning in response to media coverage surrounding blanket DNA CPR decisions during COVID. We also host resources and updates on our website, and release a bi-monthly newsletter with news, resources, and upcoming events.

At the start of 2021 we delivered training to 167 super-trainers in using soft signs and structured communication (a specially adapted RESTORE2mini) for people with a learning disability. This was co-designed with experts by experience and the national Learning Disabilities Mortality Review (LeDeR) team. This supported the national rollout to more than 6,700 paid and unpaid support workers across England.

In the year ahead we are continuing to hold local sessions to train super-trainers and carers. To further support the ambitions of the WELDC (improving uptake of NEWS, annual health checks, and flu vaccinations), 2021/22 will also see a suite of videos developed to support Annual Health Checks focussed on creating effective health action plans, remote appointments, and mental capacity assessments.

Main programme themes

Deterioration

Care Home Programme

The West of England AHSN Care Home Programme started in early March 2020, following extensive scoping in autumn 2019. The programme involves collaborative design with the three local systems around three workstreams:

- training (to support care and recognition of residents at risk of deterioration)
- professional development
- information sharing and digital enablers.

A later phase will incorporate innovation and evaluation.

The work plan was rapidly adapted in response to Covid, through collaboration with colleagues in South West and Wessex AHSNs, as well as regional NHS England stakeholders. Although there has been an understandable focus across the care home sector's on responding to Covid-19, including most recently vaccination rollout, there has been positive progress on each of the programme's workstreams. In addition the National Patient Safety Specification includes a focus on improving medicines safety in care homes through the Medicines Safety Improvement Programme (as described above).

The medicines safety team are currently recruiting up to five care homes to choose one of the interventions to work on, using a QI approach and coaching support provided by the Patient Safety Collaborative. As the Medicines Safety Improvement Programme matures, this work will be coordinated through the architecture of the Care Homes Patient Safety Network to ensure alignment across the Managing Deterioration and Medicines Safety Improvement Programmes.

As a result of the pandemic, our original plans for professional development changed to focus on staff wellbeing and resilience. The first round of virtual mental health training was delivered to 48 care home managers in collaboration with Bristol Mind. This focused on advice and practical tools for supporting managers in order to better support their staff. A second programme of mental health training started in April 2021. Attendees of the training are invited to join a Facebook group, which is a private space for managers to share ideas and experiences, and to build community.

'Start Well End Well' was developed by North Bristol NHS Trust during the early stages of Covid-19. It was designed to provide a practical approach to support colleagues and to promote effective teaming particularly during challenging periods. We are currently testing whether this will be of value to care home staff.

In our original scoping for the Care Homes Programme, all three systems supported the use of a skills training passport. This concept is being developed nationally and we are linked in with the discussions which may present an opportunity to be an early adopter.

Also in 2021/22 we are offering up to £40,000 for each of our three ICSs to fund innovative care home projects, informed by qualitative research. The focus for these could include digital projects, remote monitoring or pathway change.

Also continuing in 2021/22 is the NHSX sponsored programme to expand the use of digital technology to support remote monitoring of patents in out-of-hospital care settings and to enhance information sharing

Main programme themes

Deterioration

and communications between clinicians in health and social care. This utilises the funding in excess of £3 million secured from NHSX in 2020/21 and supports a portfolio of 13 projects across the seven ICSs in the South West region. These projects will continue to build the foundations for increased digital literacy and improved information flow in care homes.

Specific examples include read/write access to the GP clinical record for care homes in Bath and North East Somerset, Swindon and Wiltshire; the remote monitoring of individuals with learning disabilities to support long-term condition management in Gloucestershire; and tech-enabled Annual Health Checks in Bristol, North Somerset and South Gloucestershire.

Throughout 2021-22 we will continue to support our member systems to take forward their digital care homes ambitions and extend our reach to include the introduction of further remote monitoring innovations where feasible. We will continue to work alongside our NHS England and NHS Improvement South West colleagues and regional digital leaders, as well as NHSX, NHS Digital and local partners, to progress information sharing and communication opportunities across our geography with an emphasis on out-of-hospital and urgent care services.

Enhanced Health in Care Home

The Enhanced Health in Care Homes (EHCH) model was originally set out in the NHS Long Term Plan, underpinned contractually by the Primary Care Network Direct Enhanced Service and NHS Standard Contracts for Community Providers.

There are some key areas of alignment between EHCH and the national Patient Safety Improvement Programmes around: enhanced primary and community care support; high quality palliative and end-of-life, mental health and dementia care; and joined-up commissioning and collaboration between health and social care.

Throughout 2021/22 we will continue to work with NHS England regional colleagues and system care provider support structures to develop a network of stakeholders with an interest in care provider safety improvement to share experience and learning.

RESTORE2

Throughout 2020/21 we supported an increase in the spread of deterioration management tools across care providers through virtual RESTORE2 training. RESTORE2 helps staff recognise soft signs of deterioration, take observations, and provide a structured communication method. By the end of the 2020/21 we had reached 20% of homes in our region. Our short training videos to support this have now been viewed over 250,000 times since launch in March 2020.

In 2021/22 we will continue to train care providers in RESTORE2 tools; to support learning disabilities, mental health and dementia care management in relation to deterioration, in at least 80% of all appropriate non-acute settings across health and social care by March 2024.

Increasing engagement through clinical leadership, our new GP clinical leads aim to engage a primary care network in each ICS and to spread this approach to other PCNs using QI methodology.

Main programme themes

Deterioration

Support for people with learning disabilities

Working with Gloucestershire CCG, we will complete the evaluation of use of a telehealth system to support Annual Health Checks and remote monitoring of people living in residential care homes, in particular adults with learning disabilities. In response to Covid, the system was developed to include the RESTORE2mini tool, while the scope was extended to include a number of additional residential homes.

In May and June 2021 we are undertaking qualitative interviewing and we are supporting collation of the evaluation report, which should be complete by the end of July 2021.

ReSPECT

For the past two years, the West of England AHSN has supported the implementation of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) across our systems. Our new animation 'The Journey of ReSPECT form', co-designed with implementing organisations was launched in Patient Safety Awareness Week 2021.

ReSPECT is fully embedded in two integrated care systems. In 2021/22 we will continue to support the transition from version two to version three of ReSPECT. The main aim this year is to implement ReSPECT into our remaining system. Following a sector specific event in 2020 for care providers, we are developing a similar event for paramedics in the region, and we continue to explore ways to gather data on spread and impact of the implementation. We will also look to support the digitisation of ReSPECT forms, as part of our digital information sharing and clinical communication ambition.

Other areas for focussed improvement this coming year include mental capacity assessments.

We are collaborating with ARC West to evaluate ReSPECT in care homes using qualitative interviews with GPs and care homes staff. The ambition to include care home residents has been affected by Covid. This research should be concluded and submitted for publication by autumn 2021.

Remote monitoring and virtual wards

In the second half of 2020/21 we supported the rapid spread and adoption of the Covid-19 Oximetry@home and virtual wards remote monitoring models to improve safety and outcomes for patients at risk of silent hypoxia. This included supporting six of the seven ICSs in the South West region to secure funding to support licensing and implementation of digital Oximetry@home platforms.

2021/22 will see us continue to be involved at a regional and system level to support the ambitions to embed these new models of care into non-COVID related conditions.

Ambition for prisons and non-acute settings

We are collaborating with our colleagues in South West and Wessex Patient Safety Collaboratives, in partnership with the national and regional Departments of Health and Justice, to explore opportunities to support prison care providers with training to recognise deterioration and monitor how unwell people in custody might be using a modified RESTORE2 tool.

Main programme themes

People

Electronic Repeat Dispensing

Electronic Repeat Dispensing (eRD) enables GPs to authorise up to a year's worth of repeat medication for patients whose repeat medicines are relatively stable. Community pharmacists can then carry out a number of checks and dispense the medicines at regular intervals, usually monthly.

Building on our experience of supporting primary care colleagues to increase use of eRD in response to the Covid-19 pandemic, the West of England AHSN is now working in partnership with South West, Wessex, Oxford, and Kent Surrey Sussex AHSNs, as well as the NHS Business Services Authority (BSA), to contribute to NHS England's Regional Workforce Programme.

Our aim is to further increase eRD rates in a drive to support our GP practice colleagues to work more effectively and release time spent managing repeat prescriptions. The AHSNs will use data provided by the NHS BSA ePACT2 system to target offers of support to practices where there may be opportunities to increase rates of eRD.

Domiciliary Care Workforce Challenge

Home care (or domiciliary care) is a vital component of social care delivery in England and is an essential part of enabling people to maintain their independence as close to home as possible. It is estimated that more than 350,000 older people and more than 76,000 younger people access publicly funded home care, with others paying for their own home care.

At the same time, the home care sector is under significant pressure from a combination of high and increasing demand and a fragile provider market, and all of these issues have been further exacerbated by the impact of the pandemic.

In response to this we have collaborated with South West AHSN and Health Education England to launch an innovation challenge to identify innovative solutions to improve workforce capacity, capability and wellbeing.

These could be a product or technology, or a new service model or pathway, which has already shown some success and could be ready for wider adoption and spread.

The Domiciliary Care Workforce Challenge launched at the end of March 2021 and is open to individuals, companies, organisations and consortia, from both the public and private sectors. The call closed at the end of May 2021 and selected innovations will be confirmed in July, followed by local implementation and evaluation over a 12-month period.

Main programme themes

Integrating and optimising care

PreciSSIon

Preventing Surgical Site Infection (PreciSSIon) is a quality improvement (QI) project that aims to reduce surgical site infections (SSIs) in elective colorectal surgery. In March 2021 we achieved our aim to reduce SSIs by 50% and we will be closing the project in its existing form following the final event in June 2021 where Q4 data will be reported.

Our results have been shared with the Royal College of Surgeons and we are delighted that these will also be presented at the Association of Surgeons of Great Britain and Ireland with the aim of sharing more widely.

Due to the success of the project, we are currently exploring other ways of measuring surgical site infections, including via Patient Reported Outcome Measures (PROMs) collected digitally, and primary and secondary care data linkage to facilitate adoption and spread. We are also investigating the potential for expanding the project to vascular surgery and caesarean section.

MedTech Funding Mandate

The MedTech Funding Mandate policy builds on the priorities of the Accelerated Access Collaborative (AAC) innovation programmes. The aims of the policy are to:

- Direct the NHS on which innovations are effective and likely to give savings on investment
- Ensure the NHS has a sustainable approach to overcoming the financial barriers to adopting medical devices, diagnostics and digital products.

All NICE medical technologies guidance and NICE diagnostics guidance published by 30 June 2020 were reviewed by NHS England and the AAC to identify devices, diagnostics or digital products that are effective, demonstrate a net cost saving in the first 12 months, are affordable to the NHS, and deliver material savings of over £1 million over five years for the population of England.

In 2021/22 we will support member organisations to continue using the four products: HeartFlow, Placental Growth Factor Testing, SecurAcath and gammaCore, as per service/organisational need, connecting commissioning, procurement, finance, contracting and clinicians to ensure best practice is delivered.

Tamoxifen

For women in high risk groups, Tamoxifen can halve the risk of developing breast cancer when taken over five years. However, uptake of Tamoxifen is low in clinical practice (roughly 10% of women who are considered for it in England) due to factors such as access to specialist risk assessment whereby considerations such as family history of reproductive cancers and breast density are reviewed. The aim of this innovation is to improve patient care and outcomes, and ultimately prevent avoidable breast cancer.

In 2021/22, the programme will prioritise education and support of clinicians in prescribing Tamoxifen and patients who are considering starting this treatment. It will also seek to understand the current service model and design and begin implementation of a new pathway.

Main programme themes

Integrating and optimising care

Voluntary Community and Social Enterprise Accelerator

Organisations in the Voluntary Community and Social Enterprise (VCSE) sector are uniquely placed to support people and communities. This close engagement is particularly relevant to Covid-19 recovery planning and is well positioned to support the population health based approach adopted by our local systems.

In response to this, our accelerator programme aims to encourage and support new cross sector partnerships in order to:

- Provide opportunities for VSCE organisations to acquire new skills in innovation and improvement methods
- Showcase the capabilities of VSCE organisations to the health and care sector and to innovators
- Engage service users in designed services.

Exploring the potential of innovation in primary care

In the second half of 2021/22, we will work with colleagues in our primary care networks and integrated care systems to hold discovery events to explore unmet needs and where innovation might play a role.

Next steps will be determined by the outputs of these events, but could involve issuing a call to industry for solutions and opportunities for real world validation.

The ARC/AHSN Partnership

As part of a national programme to achieve beneficial outcomes for patients and systems from innovation initiated or accelerated as a result of Covid-19, we are working with NIHR ARC West, NIHR ARC South West Peninsular and the South West AHSN. The aim of our ARC/AHSN Partnership for the NHS South West region is to:

- Identify how to achieve beneficial outcomes from virtual consultations - including positive patient outcomes, patient experience, workforce wellbeing, health equity and system productivity
- Translate learning into an accessible format to inform when, how and for whom local systems should use virtual consultations.

To prepare for mobilisation the collaborative has consulted with regional ICS leads to confirm their priorities for this joint work in 2021/22, engaged with the NHS South West regional team, allocated resource to form a project budget and prepared outline project plans, key performance indicators and job descriptions.

The next phase of work includes:

- Development of a route map and logic model
- Production of a measurement strategy
- Undertaking site research within the region for targeted consultation.

Get in touch and find out more

If you're interested in finding out more about how the West of England AHSN can support you or how you can get involved in our work programmes, we'd love to hear from you.

Innovation and digital transformation

To talk to our Innovation and Digital Transformation teams about support for developing healthcare innovations, email weahsn.innovation@nhs.net or visit www.innovationexchange.co.uk.

West of England Academy

To find out about the learning events and training resources available through our Academy, email weahsn.academy@nhs.net or visit www.weahsn.net/west-of-england-academy.

Patient safety and service transformation

To find out more about the work of our Patient Safety Collaborative and other aspects of our support for service and system transformation, and how to get involved, email weahsn.transformation@nhs.net or visit www.weahsn.net/improving-patient-safety.

General enquiries

To find out about anything else, drop us a line at weahsn.contactus@nhs.net, explore www.weahsn.net or sign up for our regular email newsletters at www.weahsn.net/newsletter-sign-up

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