



Academic Health Science Networks

**Spreading innovation,  
improving health,  
promoting economic  
growth**

Impact Report 2015

*The***AHSN***Network*

# Contents

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<b>3</b>	Foreword
<b>4-7</b>	Summary
<b>8-9</b>	AHSNs: why we exist and what we do
<b>10-12</b>	Supporting innovation and enterprise
<b>13-17</b>	Spreading best practice
<b>18-19</b>	Enabling innovation and improvement
<b>20-21</b>	Shared priorities in 2015/16
<b>22</b>	The 15 AHSN regions
<b>23</b>	Acknowledgements

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## FOREWORD

# Transforming health and care from the ground up

Successful transformation is built on a foundation of committed collaboration, inspiring leadership and an enabling environment. As 15 independent Academic Health Science Networks (AHSNs), we bring together every part of the health and care system to spread innovation, improve health and generate economic growth. We do so by focusing on the needs of our local populations and by fostering system-wide collaboration. The activity of each AHSN is driven by local partners in the NHS, industry and beyond, but we are united in common purpose.

The potential is huge: we operate in the largest semi-integrated health service in the world, with some of the most innovative industries and SMEs, world-class academic institutions, a comprehensive research network and a history of scientific and medical achievement. We are the first country in the world to have universal AHSN coverage.

Ours is not a short-term challenge, but AHSNs are already delivering results.

In this report we have selected just a few examples to illustrate how our work is starting to make a difference for patients and the public, for innovators, for clinicians and for the healthcare system. We look forward to reporting cumulative impacts across a broader range of strategic work programmes next year and beyond.

I am delighted to introduce our first impact report on behalf of my AHSN colleagues.



**Professor Rachel Munton**  
Chair of The AHSN Network  
and managing director of  
East Midlands AHSN

## ASHNs at a glance

**Created in 2013 in response to** *Innovation, Health and Wealth: accelerating adoption and diffusion in the NHS*

**Fifteen AHSNs** cover the whole of England

**AHSNs are autonomous** bodies that operate under licence from NHS England

**NHS England total spend on AHSNs** will be £48.2m in 2015/16. AHSNs will also receive £7m to deliver the Patient Safety Collaborative programme

**AHSNs raise additional income** and leverage investment from a variety of national and international sources, including industry

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The AHSN Licence from NHS England sets out four broad objectives:

- 1 Focus on the needs of patients and local populations:** support and work in partnership with commissioners and public health bodies to identify and address unmet health needs, while promoting health equality and best practice.
- 2 Build a culture of partnership and collaboration:** promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.
- 3 Speed up adoption of innovation into practice to improve clinical outcomes and patient experience:** support the identification of and more rapid spread of research and innovation at pace and scale to improve patient care and local population health.
- 4 Create wealth through co-development, testing, evaluation and early adoption and spread of new products and services.**

# Enabling innovation to thrive in the NHS

**Academic Health Science Networks (AHSNs) connect academics, the NHS, researchers and industry to spread innovation, improve health and generate economic growth.**

We achieve impact by working with and through thousands of individuals and by acting as catalysts, brokers, coordinators, sponsors and knowledge-sharers.

AHSNs put the NHS at the forefront of collaborative working for system-wide improvement and mobilise world-leading expertise within the NHS in support of economic growth.

The examples in this report represent just a small illustrative selection from the work of 15 AHSNs.




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## SUPPORTING INNOVATION AND ENTERPRISE

### Working with industry to drive economic growth

Life sciences, and healthcare technology more generally, are key drivers for growth in the UK economy. By supporting industry partners to understand and engage the NHS market, AHSNs are enabling economic growth at the same time as driving improvements in the quality and efficiency of care.

SBRI Healthcare achievements under AHSN leadership:

- 138 contracts awarded for early-stage product development
- 150+ high-value jobs created
- £10m+ investment leveraged
- 30 SBRI winners are negotiating licensing agreements here or overseas. Two are making sales, 14 have signed R&D agreements and four patents have been awarded

In just six months, Greater Manchester AHSN's Innovation Nexus has leveraged £1m additional funding to support company growth and supported 60 companies:

- Twelve are now receiving further intensive support
- Five have set up offices in the region
- Two have secured their first NHS contracts



**SPREADING BEST PRACTICE**

**Rolling out improvement across health economies**

AHSNs connect clinicians and frontline staff with each other and with academics, researchers and others in order to broker the sharing of best practice and to be a catalyst for improvement. Successes to date include:

**Reducing strokes**

- 132 extra people with Atrial Fibrillation in Camden taking appropriate anticoagulation drugs and five predicted strokes prevented. Replicating these results across the UCLPartners AHSN region aims to prevent 108 strokes, save 30 lives, and avoid around £1.3m in clinical care costs every year.

**Preventing falls**

- A return on investment of 388 per cent on Yorkshire & Humber AHSN's falls prevention programme. It is now being adopted across the region and beyond.

**Chronic pain management**

- Reductions in medication, hospital contacts and community-based care from ESCAPE-pain, a rehab programme for chronic joint pain being rolled out by Health Innovation Network, South London's AHSN.
- Potential annual savings of £10.1m across South London if delivered to just five per cent of knee osteoarthritis patients.

**Telehealth**

- Simple Health/Flo, a text-based telehealth system, developed within the NHS and supported by West Midlands, East Midlands and North East and North Cumbria AHSNs.
- Now in use at more than 70 organisations with 11,000 patients registered as a result.

## CREATING AN INFRASTRUCTURE

## Getting the environment right for innovation

As well as directly supporting partners to diffuse specific innovations and best practice, AHSNs work to create an infrastructure and environment that enables the development, identification and adoption of innovation. This work encompasses the establishment of partnerships and networking opportunities, as well as investment in infrastructure.

£856,000 funding to support a series of innovation, research and enterprise facilities by North West Coast AHSN, helping to

leverage an additional £55m funding from other sources.

Funding and support from Wessex AHSN to establish Bournemouth University Orthopedic Research Institute (BUORI), allowing local hospitals and universities to speed set-up and recruitment to commercial and non-commercial clinical trials. More than 1,000 patients have volunteered for clinical trials.

## Spotlight on AHSN-supported innovations

**Plessey's** low-cost handheld device that can detect an irregular heartbeat in a home or GP setting. From prototype to production in less than 12 months

West of England and South West AHSNs

A remote monitoring system for women with gestational diabetes, developed with **University of Oxford's** Institute of Biomedical Engineering: aiming for 32,000 fewer hospital visits and savings estimated at £700,000

Oxford AHSN

**Zilico's** system offering quicker and more accurate detection of cervical neoplasia (abnormal cell growth): first NHS contract

Greater Manchester AHSN

**Aseptika's** home test for predicting lung infection flare-ups: a valuable early warning system for people with COPD and cystic fibrosis

Eastern and Wessex AHSNs

**Fuel 3D's** 3D scanner for measuring pressure ulcers: secured a contract

Imperial College Health Partners AHSN

**PolyPhotonix's** light therapy mask for the prevention and treatment of diabetic retinopathy: costs £250 for 12 weeks treatment – compared with standard treatment costs of up to £10,000 per patient for each eye

Kent, Surrey and Sussex, North East and North Cumbria and the South West AHSNs

# AHSNs: why we exist and what we do

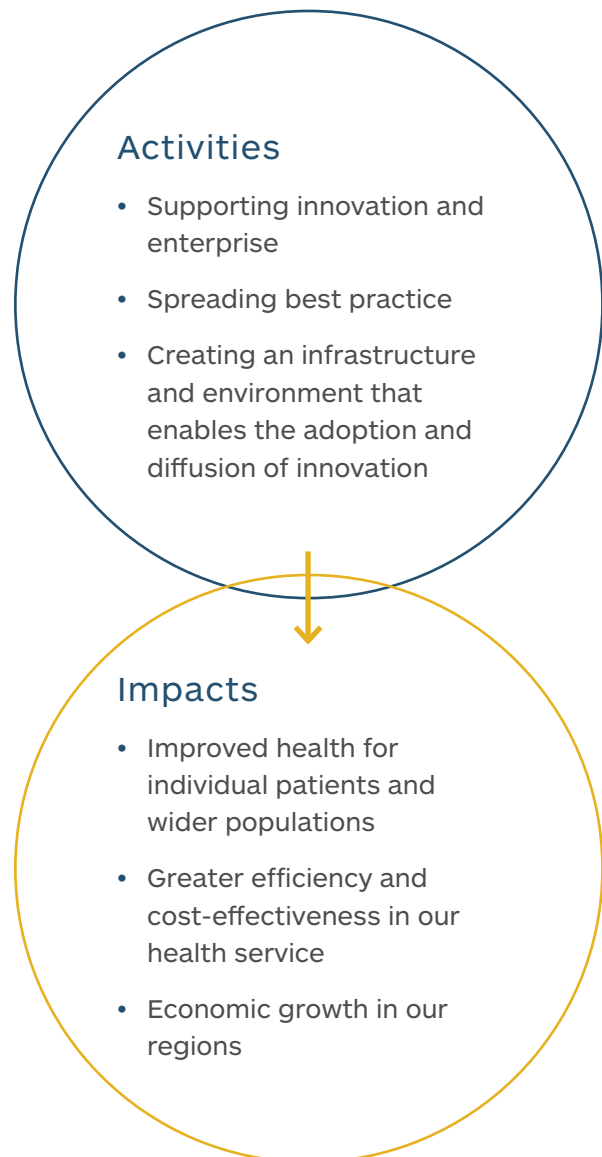
**Academic Health Science Networks (AHSNs) connect the NHS, academics, researchers and industry to spread innovation, improve health and generate economic growth.**

We aim to deliver a step-change in the way providers and commissioners identify, adopt and spread best practice, clinical innovations and new technologies more quickly and at scale. Within this remit, we have a unique responsibility to help the NHS and industry to engage more productively with each other, focused on defined local needs and backed up by a credible evidence base.

We achieve impact by working with and through thousands of individuals and by acting as catalysts, brokers, coordinators, sponsors and knowledge-sharers. We enable commissioners and providers to improve health and achieve greater efficiency and cost-effectiveness – and we enable innovative companies to grow and create jobs.

*The objective is to build on successes and create a stronger partnership across the care sector with industry and research, which will help drive innovation, create a virtuous circle of economic growth for the UK and transform care services for the nation.*

Personalised health and care 2020 – a framework for action, 2014





*“The challenges that face our healthcare system require the NHS, academia, industry and social care to come together to share ideas, develop approaches and spread them. Each AHSN brings something different to the table but collaboration and innovation in the interests of a positive impact for patients is a constant theme. I see a very promising future for AHSNs.”*

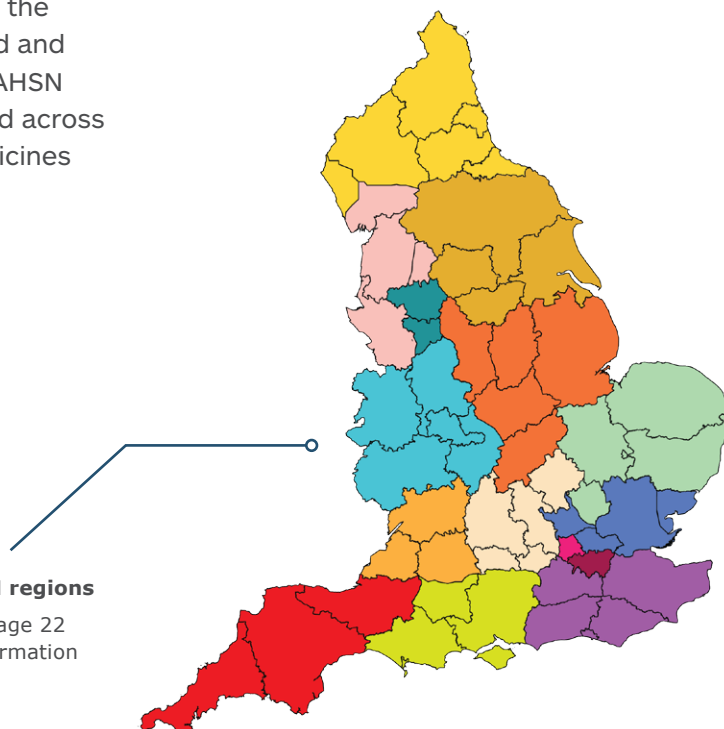
Professor Sir Bruce Keogh, NHS Medical Director

## Local identity, national reach

AHSNs are unique partnership organisations that include a whole regional health economy, not only the NHS but the academic and clinical research sectors, industry, social care and the voluntary sector, as well as patients, carers and the public. AHSNs put the NHS at the forefront of collaborative working for system-wide improvement and mobilise world-leading expertise within the NHS in support of economic growth.

Each AHSN benefits from a distinct local identity and set of priorities based on the needs of its region, but we are aligned and collaborating nationally through The AHSN Network. Key priorities that are shared across all AHSNs include patient safety, medicines optimisation and supporting SMEs.

In addition, the Five Year Forward View has recognised the fundamental importance of accelerating innovation and service transformation for the NHS to meet the financial and other challenges it faces. As a result, AHSNs are now also playing an instrumental role in driving the Test Bed programme and supporting Vanguard sites.



**The 15 AHSN regions**  
See map on page 22 for region information

# Supporting innovation and enterprise

Life sciences, and healthcare technology more generally, are key drivers for growth in the UK economy. By supporting industry partners to understand and engage the NHS market, AHSNs are enabling economic growth at the same time as driving improvements in the quality and efficiency of care.

## CASE STUDY

### Small Business Research Initiative for Healthcare

SBRI Healthcare is a £20m initiative, hosted by Eastern AHSN and led by all the AHSNs. Targeted at SMEs and early-stage businesses, it runs competitions that offer a fast track to funding for product development matched to needs specified by the NHS.

AHSNs convene clinicians to specify the challenges, support winning companies to undertake clinical trials, patient testing and health economic evaluations, make NHS introductions and advise on navigating procurement to enable accelerated adoption.

*“AHSNs have already begun to make a significant difference, shaping the local landscape for the UK to lead the world in developing, adopting and diffusing 21st-century healthcare technologies. They will build on this in the context of the Accelerated Review into Innovative Medicines and Medical Technologies.”*

Nicole Mather, Director, Office for Life Sciences

### Under AHSN leadership, SBRI Healthcare has:

- Run **24 competitions** based around areas of clinical need
- Awarded **138 contracts**
- Directly helped to create more than **150 high-value jobs**
- Leveraged **£10m+ investment** in innovations

30 SBRI winners are now negotiating licensing agreements here or overseas, two are making sales, 14 have signed R&D agreements and four patents have been awarded.

*The innovations created have the potential to help seven million patients and achieve a £1.5bn efficiency saving over ten years\**

\*Source: Office of Health Economics evaluation

## SBRI successes

### PolyPhotonix

PolyPhotonix was new to working with the NHS. The company had developed a light therapy mask for the prevention and treatment of diabetic retinopathy, a condition which costs the NHS more than £1 billion a year. Current treatment costs up to £10,000 per patient for each eye; the Polyphotonix sleep mask costs £250 for 12 weeks treatment. Support from the AHSNs in Kent, Surrey and Sussex, North East and North Cumbria and the South West has helped speed up the mask's route to market by engaging clinicians, validating the market and supporting the faster completion of multiple-centre phase three randomised control trials.



PolyPhotonix will employ 30 staff by the end of 2015 and is creating a manufacturing facility in the north-east with a further 30 high-value jobs.

*“The AHSN has been absolutely instrumental in opening doors and getting us into the right places. It accelerates innovation and it's accelerating the adoption of our technology into the NHS.”*

Richard Kirk, Chief Executive, PolyPhotonix



### Aseptika

Aseptika developed a home test for predicting lung infection flare-ups, a valuable early warning system for people with COPD and cystic fibrosis. With SBRI support, Aseptika has funded five full-time staff and two NHS researchers and testing is underway in Eastern and Wessex AHSNs. A health economics review estimates that the product could save the NHS £50m per annum. It has also secured a US patent.

*“The SBRI award brings us credibility with statutory healthcare providers in the UK and EU... without it, the novel products we are creating would never have been developed.”*

Kevin Auton, Managing Director, Aseptika

### Plessey

Plessey created imPulse, a low-cost handheld device that can detect an irregular heartbeat in a home or GP setting. West of England AHSN has supported Plessey, via SBRI funding, to move from prototype to production in less than 12 months. South West AHSN is working with the National Institute for Health Research Clinical Research Network to develop a phase three trial and evaluation with a view to NICE approval and wider clinical adoption.



## CASE STUDY

## Innovation Nexus

Greater Manchester AHSN's Innovation Nexus was launched in October 2014 to accelerate the adoption of healthcare innovations, while helping companies to become more competitive and to grow faster.

The service connects SMEs with the NHS to help strengthen their technologies and make them relevant to NHS needs. It also helps them access expert support on issues such as NHS procurement, clinical trials and regulation, funding and investment, both face to face and through [www.intohealth.org](http://www.intohealth.org).

**In six months, the Nexus has** leveraged £1m additional funding to support company growth and supported 60 companies:



**12** are now receiving further intensive support

**5** have set up offices in the region



**2** have secured their first NHS contracts. For example, Zilico has secured a three-year contract with Sheffield Teaching Hospitals NHS FT for a system offering quicker and more accurate detection of cervical neoplasia



### Across the AHSN Network: industry Matchmaker service

- Imperial College Health Partners has created an Industry Matchmaker Service, inviting companies to submit innovative solutions to three areas of need identified by the NHS
- Eleven companies have pitched to clinical leads and NHS commissioners. One deal to purchase 3D scanners for measuring pressure ulcers has resulted so far

### Across the AHSN Network: an NHS open to innovation

AHSNs focus not just on stimulating the supply of innovations but also shaping an NHS culture that seeks out innovation and grasps the challenge of adoption. AHSNs support innovations from within the NHS, not just from industry. For example:

- South West AHSN has created a pathway to help NHS staff spread their own

innovations. With more than 100 innovations having entered the pathway, more than 30 are being actively supported with the first eight either licensed or with licensing contracts under negotiation. Other innovations, particularly in the area of digital health, are being commercialised directly by AHSN members

- Oxford AHSN is stimulating a culture of innovation in the NHS by tapping into the region's strengths in research and business. Seven frontline NHS staff are becoming improvement champions through an evidence-based healthcare masters programme, and 13 more have completed an intensive course helping them turn their ideas into patient benefits

*“Getting the chance to gather immediate feedback from the NHS on our product has proved immensely useful.”*

Andrew Smith, Head of Sales and Business Development at Fuel 3D

# Spreading best practice

**AHSNs connect clinicians and frontline staff with each other and with academics, researchers and others in order to broker the sharing of best practice and to catalyse improvement.**

## CASE STUDY

### Stroke prevention

Atrial fibrillation (AF) is an under-diagnosed condition responsible for around one in eight strokes and associated with significantly worse clinical outcomes. Evidence suggests that appropriate use of anti-coagulation treatments (including alternatives to warfarin known as NOACs) as recommended by NICE could prevent more than half of AF-related strokes. Most AHSNs have AF programmes and are sharing learning with each other with a view to maximising impact nationwide.

For example, UCLPartners worked with Camden CCG to introduce a clinical decision support tool in GP practices, whole pathway quality standards, information and support for patients and outcomes tracking.

### Impact

- 132 extra people with AF taking appropriate anticoagulation drugs
- A predicted five strokes prevented in Camden alone
- Replicating Camden's results across the 19 other CCGs in the region could prevent a predicted 108 strokes, save 30 lives, and avoid around £1.3m in clinical care costs every year

- Replicating the rate of uptake would mean reaching NICE recommended levels within 18 months

### Scaling up

- Four CCGs are already replicating the project
- Community of practice established with engagement from 12 more CCGs
- UCLPartners is working with the AF Association, NICE Implementation Collaborative, devices companies and ABPI Stroke and AF Group to enable national diffusion



## Across the AHSN network: spreading best practice on stroke prevention

### Wessex AHSN has also brought together stakeholders to tackle the practical challenges of anticoagulation for AF:

- Developing a programme of education and 24/7 specialist advice and support for doctors with concerns over anticoagulation for individual patients
- Contributing to a very significant growth in anticoagulant use in the year to January 2015, including more than doubling the use of NOACs

### North West Coast AHSN has taken a three-pronged approach to reducing strokes:

- Raising public awareness of AF and its risks, with partners from patient and voluntary sector organisations as well as local Premiership football clubs. Testing at these events detected 19 undiagnosed AF cases.
- Promoting the use of new technologies in GP surgeries to diagnose AF
- Engaging CCGs and pharma companies to optimise use of anticoagulants and improve self-monitoring: reducing the predicted number of strokes by 26 per year in one area

## CASE STUDY

### Patient safety: reducing falls

Every AHSN has a substantial patient safety programme and manages a Patient Safety Collaborative. To take just one example, falls are estimated to cost the NHS more than £2.3 billion per year as well as causing distress, pain and loss of confidence and independence. Through its Improvement Academy, Yorkshire & Humber AHSN has worked with 20 frontline teams to reduce in-patient falls using a 'safety huddle' technique.

### Impact

A health economics evaluation has shown a sustained reduction in falls over six months, with one ward reducing the combined average number of falls per week by 60 per cent. Total annual savings were calculated at £185,690, giving an ROI of 388 per cent, even taking into account the costs of staff time.

### Scaling up

Diffusion activity includes:

- Getting 80 per cent of NHS organisations in the region engaged in the programme
- Partnering with Leeds Teaching Hospitals NHS Trust and the Health Foundation Scaling Up Improvement Programme
- Holding a falls prevention summit with three other AHSNs in the north of England
- Delivering safety huddle training with Kent, Surrey and Sussex AHSN

*"We have been delighted with the AHSN Improvement Academy work on safety huddles. The whole ward team has really embraced the concept, and we reached the significant milestone of 30 days without a fall."*

Dr Alan Hart-Thomas, Clinical Director,  
Calderdale & Huddersfield NHS Foundation Trust

## Across the AHSN Network: spreading best practice on managing chronic joint pain

**Health Innovation Network, the South London AHSN**, has supported the roll-out of ESCAPE-pain ([www.escape-pain.org](http://www.escape-pain.org)), an evidence-based, NICE-endorsed chronic joint pain (osteoarthritis) rehab programme. Support has included mentoring clinicians, translating evidence to influence local commissioners, and website and communications activity.

Independent evaluation estimated sustained savings per person per year at £1,118, including reductions in medication, hospital contacts and community-based care.

**This translates to potential savings of £10.1m per year** across health and social

care if delivered to just five per cent of the knee osteoarthritis population in South London alone. Considerable spread has been achieved, with sites adopting the programme in Bristol, Sevenoaks, the Wirral and Cambridgeshire.

*“Congratulations on the work the Health Innovation Network has done. This really captures the core NICE recommendations of sharing information and using exercise and turning it into practice.”*

Krysia Dziedzic, Professor of Musculoskeletal Therapies, Keele University



*This translates to potential savings of £10.1m a year across health and social care if delivered to just five per cent of the knee osteoarthritis population in South London alone.*

## Technology Enabled Care Services

Telehealth and telecare offer opportunities to transform the way people are able to manage their own health and communicate with clinical professionals. Three AHSNs – West Midlands, North East and North Cumbria and East Midlands – are collaborating to support the development and widespread adoption of one service, called Simple Health/Flo.

The system uses SMS technology and is owned by the NHS having been developed by Stoke-on-Trent CCG. Flo offers a simple and responsive communication process – empowering patients and allowing remote monitoring by clinicians. At around 8p a text it is cost effective to administer and free for patients; the total cost of Flo per patient per year typically ranges from £30–£80 for common long-term conditions compared, for example, with the £67 cost of a single home visit by a nurse.

The AHSNs' focus has been on supporting and accelerating widespread adoption and diffusion of Flo. They have supported a variety of pragmatic interventions: project managers and clinical champions; licences for organisations joining the programme; equipment such as blood pressure monitors; training; and independent evaluations. They have also helped develop business cases to secure further funding and showcase telehealth best practice at events. With this support, an area of huge but unrealised potential is now flourishing with telehealth approaches being pulled into practice at scale due to support from the AHSNs.

### Impact

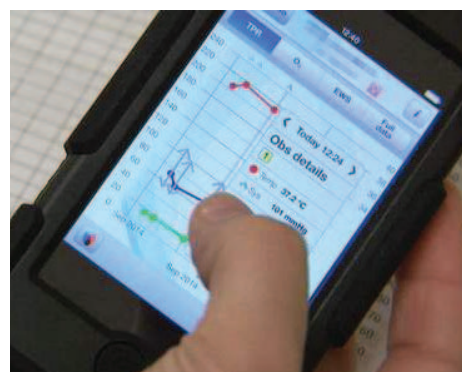
- Nottinghamshire Healthcare NHS Foundation Trust introduced Flo as a standard element of its care package for patients with hypertension and COPD, following a health economics report from

The University of Nottingham confirming its effectiveness in general practice

- In the West Midlands it was shown that face-to-face and phone consultations were reduced to one quarter of the number prior to the use of Flo for COPD, while hospital admissions were less than half the previous number
- In North East and North Cumbria, one application has been for management of conditions associated with pregnancy. City Hospitals Sunderland NHS FT have demonstrated savings of £300 per patient and high levels of patient satisfaction, with the ability to attain a high degree of safety and observation of all key parameters during pregnancy. In a 'good' overall report on the Trust, CQC cited the Trust's use of telehealth as an exemplar.

### Scaling up

With AHSN support, Flo is now in use at more than 70 health and social care organisations and 11,000 more patients are registered for a wide range of conditions using clinically approved pathways. This includes 425 general practices in 31 CCGs with take-up from 3,000 hypertension patients.



Flo telehealth **remote monitoring system**



## Across the AHSN Network: telehealth and gestational diabetes

**Oxford AHSN** has supported the use of a remote monitoring system for women with gestational diabetes, working with the University of Oxford's Institute of Biomedical Engineering. This is enabling women to input their blood sugar levels using a Bluetooth-enabled meter and smartphone, rather than attending fortnightly check-ups in hospital. Diabetes specialists can instantly review these readings and identify and respond to any abnormalities much more quickly.

The ambition is to have this approach adopted by all acute trusts in the Oxford AHSN region, which would result in 32,000 fewer hospital visits by pregnant women and estimated savings of £700,000.

**The project won the Best Digital Initiative in the Quality in Care Diabetes Awards 2014.**



University of Oxford's Institute of Biomedical Engineering remote monitoring system for women with gestational diabetes

*“Having multiple AHSNs involved in the Flo programme has allowed learning to be shared from using it in settings across primary, hospital, community and social care.”*

Professor Ruth Chambers OBE, GP and West Midlands AHSN clinical lead

*“Flo telehealth provides an opportunity to engage thousands of patients in taking more responsibility for their own care and wellbeing through regular remote interactions with their doctor or nurse or social worker. The roll-out has really taken off.”*

Rhian Hughes, Co-Director at the Institute of Primary Care and Health Sciences at Keele University

# Enabling innovation and improvement

**As well as directly supporting partners to diffuse specific innovations and best practice, AHSNs work to create an infrastructure and environment that enables the development, identification and adoption of innovation. This encompasses the establishment of partnerships and networking opportunities, and investment in infrastructure.**

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## Investing in the innovation infrastructure

Having identified the limited regional infrastructure to support early-stage companies in the health and life science sectors, North West Coast AHSN has provided £856,000 funding to a number of partners:

- Medtech innovation centre and Living Lab residential park at University of Lancaster
- Liverpool BioInnovation Hub at University of Liverpool
- Alder Hey Research and Education Centre
- Alder Hey Innovation Centre for Sensor Technologies
- Cheshire Innovation and Research Centre
- Accelerator Hub, Royal Liverpool & Broadgreen University Hospital Trust
- Employment and Enterprise Hub within the MerseyCare Centre for Recovery and Social Inclusion



The AHSN's commitment and support has helped these projects to secure more than £55m additional funding from sources including the NHS, universities and industry in addition to EU and government funding.

These investments are establishing a sustainable regional infrastructure, creating jobs, developing skills and attracting research funding and inward investment over the long term. The potential is there to drive significant economic growth to the region in the coming years.

*“Our ambition to be an international centre of excellence in developing healthcare solutions for children has been accelerated by the support of the AHSN, and the match funding it has helped us to secure.”*

Louise Shepherd, Chief Executive,  
Alder Hey Children’s Hospital

*“The AHSN has truly made a difference on two counts: one, benefiting patients through research, and two, helping us to gain financial support and access to funding avenues of which we would not have been aware.”*

Tom Wainwright, Clinical Researcher, BUORI

## Maximising participation in clinical research

AHSNs play a key role in promoting and enabling high-quality clinical research, working closely with the National Institute for Health Research Clinical Research Network.

For example, in Wessex AHSN region thousands of joint replacements are undertaken each year. AHSN funding and support has been central to the establishment of Bournemouth University Orthopaedic Research Institute (BUORI), delivering economies of scale and providing a unique innovation test-bed for UK and international organisations in the orthopaedic, health and fitness sectors.

This collaboration has already generated £4 million of inward investment and an additional bid has been submitted to attract £5m of HEFCE Catalyst Funds.

It is allowing local hospitals and universities to speed set-up and recruitment to commercial and non-commercial clinical trials. Two of the largest multinational orthopedic companies, Biomet and Zimmer, are supporting key projects.

Specific successes have included:

- Support for an SME (Firstkind Ltd) to secure complex FDA approval to commercialise an innovative orthopaedic device in the USA

- Development of a virtual reality 3D hip replacement simulator for surgical training, supported by the Wessex AHSN Accelerator Fund
- More than 1,000 patients have volunteered for clinical trials

### Across the AHSN Network: informatics infrastructure

The UCLPartners AHSN worked with directors of public health across the region to create a mental health informatics platform, combining 350 datasets and 4,000 indicators.

This high-quality benchmarked data reduces the time taken to produce mental health Joint Strategic Needs Assessments from nine months to three weeks and reduces the variation in quality and content.

In its first five months, the platform has been commissioned by four organisations, with savings totalling around £700,000.

East Midlands AHSN has created an Information Analysts Programme and trained 60 participants in five cohorts during 2014-15. It has also sourced and deployed a region-wide benchmarking tool, which is saving six acute Trusts an average of £50k a year each.

# Shared priorities in 2015/16

**AHSNs are the delivery partners for a number of national programmes. We have also identified a number of areas of collective focus in the coming year, alongside local priorities as set out in individual business plans.**

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## Delivering the Five Year Forward View (5YFV): Test Bed programme

The 5YFV set out plans to establish a number of test beds to evaluate the real world impact of new technologies and digital services that offer better care for patients and better value for taxpayers. The programme will partner a number of innovators with test beds made up of groups of GPs, hospitals, community health teams, social care and the voluntary sector. Test beds will have the ability to test innovations rapidly and robustly, and to collect evidence of the improvement of outcomes delivered to patients.

AHSNs are working with NHS England to shape the programme and have a key role in identifying and engaging potential test bed

sites, supporting events for bidders, partnering test beds with innovators and developing the national support offer. They will also be able to take the learning and the success stories from test beds to other systems across the NHS in the coming years.

*“AHSNs will play a pivotal role in the Test Bed programme, catalysing innovative partnerships with industry.”*

Nicole Mather, Director, Office of Life Sciences

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## SBRI and supporting SMEs

The next phase of the SBRI Healthcare programme will include contracts focusing on the development of non-invasive cancer diagnostics, handheld ECG monitors to improve cardiovascular services in primary care, as well as digital solutions to support home-based care and the management of long-term conditions.

It will also be launching two new competition rounds: addressing the challenges of multi-

morbidity in older people; and urgent and emergency care pathways.

SBRI Healthcare will be:

- Assessing 40 phase one feasibility projects, representing an investment of £3.8m to date, with 15 expected to move to phase two
- Overseeing 25 phase two development contracts representing an investment of £21.5m

- Sharing learning from eight completed phase three contracts around pathway and re-design implications, as well as completing detailed health economic assessments to help realise their value to the NHS



## Patient Safety Collaboratives

Following the Francis inquiry into Mid Staffordshire NHS Foundation Trust and the Berwick report, the AHSNs were each tasked with creating a Patient Safety Collaborative (PSC) in their region. These PSCs, launched in October 2014, are acting with partners across healthcare to drive continual safety improvement and galvanise widespread adoption of best practice.

PSCs are working together in clusters to tackle issues that span different regions. Clusters are forming around: mental health; sepsis; acute kidney injury; pressure ulcers and medicines optimisation.

There is also an important programme of work around measuring patient safety.

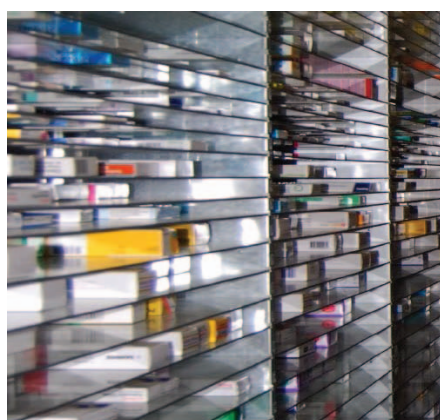
PSCs are aligned with the national programmes Sign up to Safety and the National Leadership Academy, as well as The Health Foundation's Q initiative, which will help to boost the connections, skills and improvement expertise needed to sustain the work of the PSCs.

## Medicines optimisation

AHSNs are working with NHS England and the ABPI among others to promote best practice that ensures patients, the public and society more broadly get the best outcomes from medicines. This includes programmes to encourage access to innovative medicines and to ensure safer use of medicines. Specific workstreams, for which AHSNs are engaging partners and securing commitment to action, include:

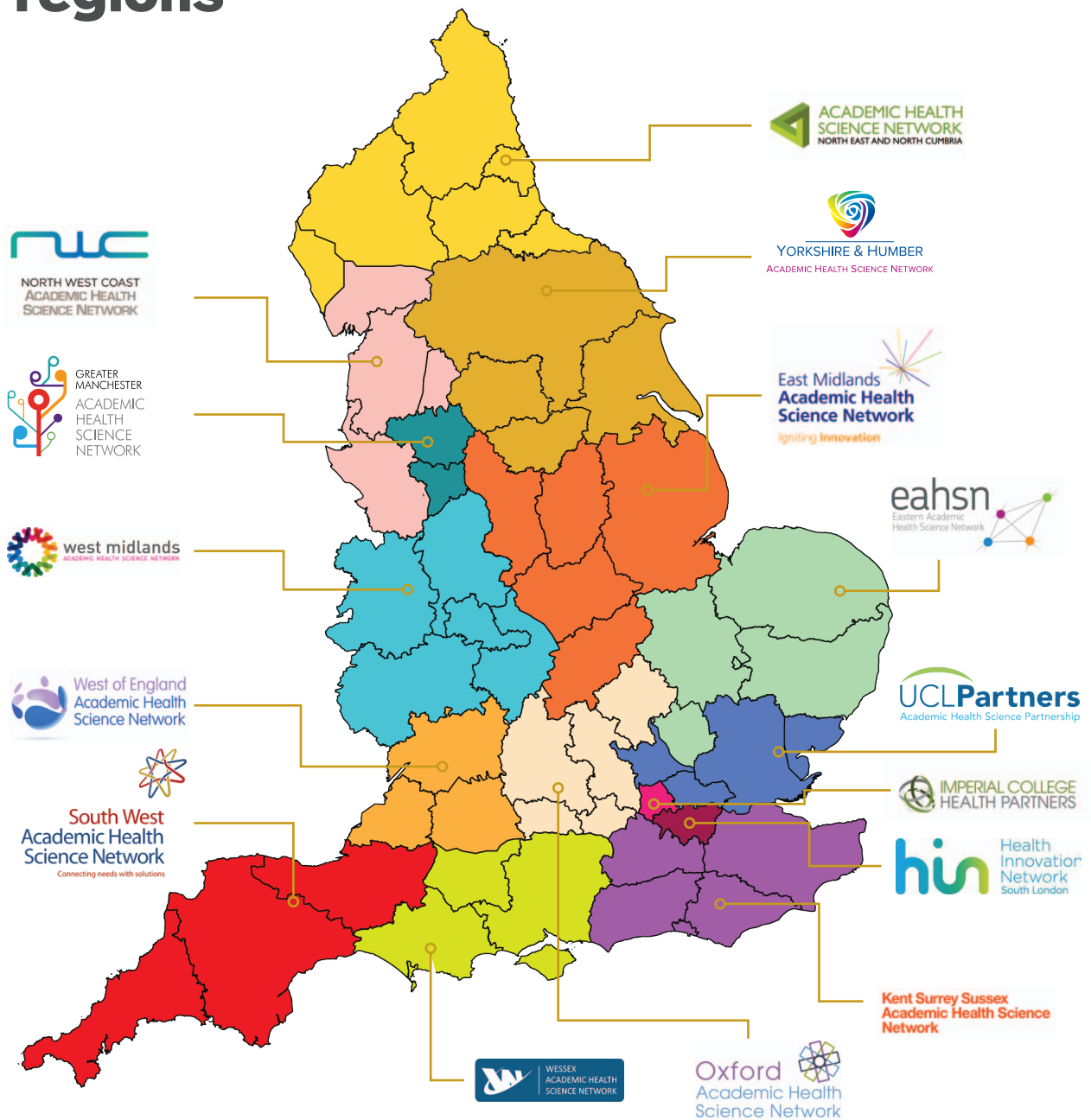
- Securing improved health by supporting adherence
- Stroke prevention through better uptake of anticoagulation in patients with atrial fibrillation
- Fewer adverse events from medicines by improving transfers of care
- Better outcomes through use of supporting tools and systems

AHSN teams will continue to link up with each other to share learning and spread success, including through the Patient Safety Collaborative cluster focusing on medicines.


















Pharmacy robotic dispensing

# The 15 AHSN regions



**Note:** East Lancashire Hospitals NHS Trust sits with Greater Manchester AHSN

- |  |  |  |
|--|--|--|
|  East Midlands                    |  Kent, Surrey and Sussex      |  UCLPartners        |
|  Eastern                          |  North East and North Cumbria |  Wessex             |
|  Greater Manchester               |  North West Coast             |  West Midlands      |
|  Health Innovation Network        |  Oxford                       |  West of England    |
|  Imperial College Health Partners |  South West                   |  Yorkshire & Humber |

# The AHSN Network

**East Midlands** | [www.emahsn.ac.uk](http://www.emahsn.ac.uk)

**Eastern** | [www.eahsn.org.uk](http://www.eahsn.org.uk)

**Greater Manchester** | [www.gmahsn.org](http://www.gmahsn.org)

**South London Health Innovation Network** | [www.hin-southlondon.org](http://www.hin-southlondon.org)

**Imperial College Health Partners** | [www.imperialcollegehealthpartners.com](http://www.imperialcollegehealthpartners.com)

**Kent, Surrey and Sussex** | [www.kssahsn.net](http://www.kssahsn.net)

**North East and North Cumbria** | [www.ahsn-nenc.org.uk](http://www.ahsn-nenc.org.uk)

**North West Coast** | [www.nwcahsn.nhs.uk](http://www.nwcahsn.nhs.uk)

**Oxford** | [www.oxfordahsn.org](http://www.oxfordahsn.org)

**South West** | [www.swahsn.com](http://www.swahsn.com)

**UCLPartners** | [www.uclpartners.com](http://www.uclpartners.com)

**Wessex** | [www.wessexahsn.org.uk](http://www.wessexahsn.org.uk)

**West Midlands** | [www.wmahsn.org](http://www.wmahsn.org)

**West of England** | [www.weahsn.net](http://www.weahsn.net)

**Yorkshire & Humber** | [www.yhahsn.org.uk](http://www.yhahsn.org.uk)

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