Transforming Long Term Conditions through innovation

East Midlands
Academic Health Science Network

24 January 2017
King Power Stadium, Filbert Way, Leicester LE2 7FL
#EMLTC

NHS

Programme for the day

08h45	**Registrations and refreshments**	
09h30	**Welcome and introduction**	Welcome and introduction **Mike Hannay**, Managing Director, East Midlands Academic Health Science Network (EMAHSN)
09h35	**Programme overview** Aims, the "Initial Challenge" and target outcomes	**Toby Sanders**, Leicester, Leicestershire and Rutland STP Convener and **Chris Hart**, Commercial Director, EMAHSN
09h55	**Living with a Long Term Condition**	Patient film
10h00	**Overview of East Midlands LTC transformation programmes:** Derbyshire	**Becky Sutton**, Transformation Programme Manager
	Leicestershire	**Michael Steiner**, Consultant Respiratory Physician Professor
	Northamptonshire	**Bethan George**, New Models of Care, Programme Director, Nene CCG
	Nottinghamshire	**Andy Evans**, Programme Director Connected Nottinghamshire
	Lincolnshire	**Allan Kitt**, Lincolnshire STP Convener
10h25	**Panel discussion: The role of industry and third-sector innovations in service transformation**	
10h30	**Integration of innovations with the NHS digital infrastructure – Local Digital Roadmaps**	**Dave Marsden**, Interim Chief Operating Officer and Director of IT Services Arden and GEM CSU
10h40	**Workshops format and target output**	**Jeremy Behrmann**, Career Coach and **Mark Dodsworth**, Creative Director, RedZebra
10h50	**Refreshments**	

11h10	**Workshops - session one:** Industry / NHS / Social Care Co-production of potential solutions to the initial challenge area:	Introduction by **National Clinical Director or regional clinical lead** for each area followed by facilitated workshop sessions
	1. Diabetes	**Fran Game**, Consultant Diabetologist and Clinical Director of Research and Development
	2. Cardiovascular	**Majid Akram**, GP, Clinical Director Allied Health for South Lincolnshire and **Aamer Ahmed**, Consultant Cardiothoracic Anaesthetist
	3. Respiratory	**Mike Morgan**, National Clinical Director Respiratory
	4. Falls prevention	**Jane Youde**, Clinical Director and Consultant Geriatrician
13h00	**Lunch** **East Midlands Local Digital Roadmaps:** representatives available to discuss and answer enquiries **LTCs poster display:** existing, proven innovation based AHSN projects	
13h45	**Workshops - session two:** Industry / NHS / Social Care Co-production of potential solutions to the Initial Challenge: 1. Prevention 2. Self-management 3. Diagnostics and earlier diagnosis 4. Treatment	Facilitated workshops, building upon and linking outputs of session one together with the identification of subgroups for ongoing networking
15h00	**Putting outputs into practice - next steps**	**Chris Hart**, Commercial Director, EMAHSN
15h15	**Participants are invited to stay on for networking or to attend the East Midlands LDR session (further refreshments will be available)**	
	STP and LDR alignment sessions for public sector attendees **Vikesh Tailor**, Head of Systems Enablement, Arden and GEM CSU	**Continued networking from LTC workshops**
16h00	**Event closes**	

Foreword and aims of the day

Thank you to all participants, speakers and coordinators who are here today and will help make this event a success for the East Midlands. We look forward to a productive and energising day.

This is a time of great challenge but also great opportunity for health and social care organisations. Today's programme brings together health and care organisations from across the East Midlands with industry to develop innovative new ways of working that improve patient outcomes, enhance patient experience and, at the same time, drive down the cost of care for patients with Long Term Conditions (LTCs):

- Diabetes
- Respiratory diseases
- Cardiovascular diseases

We're also looking for innovative ways to reduce falls amongst older people living with frailty.

The purpose of today is to find ways to:

1. Reduce or eliminate "wasteful" and unnecessary acute based outpatient appointments
2. Increase efficiency in primary care for these LTCs (particularly related to GP activity)
3. Reduce instances of escalation and emergency acute admissions

The workshops at today's event will kick start co-production between industry and health providers of potential solutions. We will follow-up the event with a call for proposals; selecting and supporting appropriate projects involving industry, third-sector and health and social care providers.

It is clear from the overwhelming response we've had to today's event that we all have similar aspirations. As an Academic Health Science Network (AHSN) one of our critical remits is to support the spread and adoption of innovation. We're determined to put proven innovations into practice and will focus on helping you achieve the aims of the Five Year Forward View, as well as supporting the delivery of Sustainability and Transformation Plans (STPs).

To find out more about England's 15 AHSNs visit **www.ahsnnetwork.com**

Mike Hannay, Managing Director, EMAHSN

The East Midlands Sustainability and Transformation Plan areas

In the East Midlands we have 5 Sustainability and Transformation Plan (STP) areas. Successful delivery of the 5 East Midlands STPs is of vital importance to improving patient care and delivering essential efficiency savings. Deployment of proven innovations, produced by industry and third-sector organisations in collaboration with NHS, public health and social care organisations, provides the opportunity to accelerate the transformation of health and care services across the region.

Links to the 5 plans:

1. Derbyshire: **www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire**
2. Leicester, Leicestershire and Rutland: **www.bettercareleicester.nhs.uk**
3. Lincolnshire: **www.lincolnshirehealthandcare.org/en/stp**
4. Northamptonshire: **www.northamptonshire.gov.uk/en/news/Latestnews/Pages/Northamptonshire-Sustainability-and-Transformation-Plan-2016-2021.aspx**
5. Nottingham and Nottinghamshire: **www.stpnotts.org.uk**

The East Midlands Academic Health Science Network (EMAHSN) is working with the region's STPs, Clinical Commissioning Groups (CCGs) and health and social care provider organisations to deliver a programme supporting the adoption and spread of proven innovative products, services and solutions as part of the transformation of health and social care in our region.

Next steps

The output of today's event will be a number of suggestions for potential "solutions" to the initial challenge area, many still at an embryonic stage, but all with some degree of multi-party input from various delegates from across the region, from differing roles within NHS and social care and from potential suppliers of the innovations.

During the six weeks following the event we will encourage and support the development of these into more complete proposals for projects which can be deployed as part of the transformation and improvement programmes across the region.

Donna Hadley - **donna.hadley@nottingham.ac.uk** - at EMAHSN will be our prime contact for this work. CCG and STP leads from across the region will then select proposals to take forward to the "testbed", adoption and spread stages of the programme. More details of the overall programme will be provided at the event today.

We would encourage you to add your name (forms will be provided) to any solution which is discussed or proposed today which might be of interest to you or your organisation. This will not commit you in any way at this stage but it will ensure that you are involved and invited to join future discussions and follow-up.

Speaker biographies

Mike Hannay, Managing Director, EMAHSN

Mike has more than 25 years' experience of working in the pharmaceutical industry, with an excellent track record of building collaboration with healthcare and academia.

He joins EMAHSN from ThermoFisher Scientific, where he has worked since 2013 as Vice President for the UK BioPharma Services Division. That role built upon his significant experience both nationally and internationally, including Vice President of Medicines Development at AstraZeneca.

Chris Hart, Commercial Director, EMAHSN

Chris has worked for over 25 years in healthcare and technology industries across Europe and the United States, most recently as Business Development Director with UK-based Allocate Software PLC and prior to that as CEO of SRC, a venture capital backed informatics company.

Chris' responsibilities include engagement between EMAHSN, the NHS and industry in order to deliver EMAHSN's aims of improving health outcomes and supporting wealth creation across the East Midlands region by acceleration of the deployment of innovative products and services. Chris is a member of the SBRI Healthcare national management board.

Speaker biographies

Toby Sanders, Leicester, Leicestershire and Rutland STP Convener and Managing Director, West Leicestershire Clinical Commissioning Group

Toby is the STP Convener for Leicester, Leicestershire and Rutland and leads the management support team and all aspects of the corporate running of West Leicestershire CCG. Toby also has a collaborative role with the two neighbouring CCGs as the lead director for East Midlands Ambulance Service, NHS 111, Out-of Hours Service, Arriva, Any Qualified Provider and Urgent Care Centres. Toby is also the Joint Chair for Better Care Together - the 5-year transformation strategy for Leicester, Leicestershire and Rutland (LLR) and also chairs the LLR System Resilience Group and Urgent Care Board.

An experienced Board Director, Toby previously held Deputy Chief Executive roles with the LLR Primary Care Trust (PCT) Cluster, and Leicester City PCT. Toby has also worked elsewhere in the NHS in acute hospital and strategic health authority roles and, before joining the NHS in 2003, worked in local government and management consultancy.

Dave Marsden, Interim Chief Operating Officer and Director of IT Services, NHS Arden & GEM CSU

Dave provides strategic leadership and oversight across a portfolio of services including Business Intelligence, Procurement, Contracting and IT.

Dave previously held the role of Director of Strategic IM&T for NHS Midlands and East. Before this, he was the Chief Information Officer/Associate Director of Health Informatics for Leicestershire, Northamptonshire and Rutland Strategic Health Authority and Trent Strategic Health Authority.

Andy Evans, Programme Director Connected Nottinghamshire

Andy has spent over twenty years working in the NHS across a variety of commissioning and provider organisations including primary, community and ambulance providers. He has had a number of senior roles in information and information technology. He specialises in large scale transformation programmes and currently works with all health and social care providers in Nottinghamshire, shaping the future information and information technology plans to support integrated and new models of care.

Becky Sutton, Transformation Programme Manager, Derby Teaching Hospitals NHS Foundation Trust

Becky is an effective Programme Manager who has a 25 year career within the NHS starting in a clinical role as an Audiologist and then in managerial roles in operational management and more recently transformation. She has worked predominantly within a number of acute trusts but also has experience at a local and national level as part of the modernisation agency. Her passion for improving patient care has always been at the forefront of her career and she has experience of numerous change projects ranging from system-wide change, urgent and planned care pathways.

Speaker biographies

Michael Steiner, Consultant Respiratory Physician and Honorary Professor, University Hospitals of Leicester NHS Trust and University of Leicester

Michael Steiner is a consultant respiratory physician at Glenfield Hospital, Leicester and Honorary Professor at Loughborough and Leicester universities. His sub-speciality clinical interests include management of advanced COPD, lung volume reduction therapies and home non-invasive ventilation. His research interests focus on chronic disease management in COPD with particular expertise in exercise performance, physical training, pulmonary rehabilitation, nutrition and skeletal muscle dysfunction.

He is the clinical lead for the Pulmonary Rehabilitation component of the National COPD Audit Programme and also co-clinical lead for the Long Term Conditions workstream of the Leicester, Leicestershire and Rutland Better Care Together programme.

Bethan George, New Models of Care Programme Director and LDR Lead, Nene Clinical Commissioning Group

Bethan has previously worked in East London as Programme Manager for the Waltham Forest East London and City Integrated Care Pioneer Programme. More recently, she worked for a GP Federation implementing GP Access Fund schemes. Bethan has a clinical background and trained as a pharmacist in Cardiff. She also obtained a masters in Health Economics from York. She has worked as a hospital pharmacist, prescribing advisor, health informatics manager, primary care commissioner and transformation programme manager.

Allan Kitt, Lincolnshire STP Convener and Chief Officer, South West Lincolnshire Clinical Commissioning Group

Prior to moving into commissioning Allan had a varied career as a Mental Health Nurse, working in community teams and in substance misuse services. Having moved into operations management and completed an MBA at the University of Hull, he left the provider world to take up a joint commissioning role at South Humber Health Authority leading the implementation of the National Service Framework for Mental Health.

He moved to Lincolnshire for a planned two year period to gain experience of a large complex environment; that was 14 years ago! Prior to joining the CCG as Interim Chief Operating Officer in 2011, he led the commissioning of a varied portfolio of services across Lincolnshire at the PCT, including the joint commissioning development agenda with the Local Authority. Allan has been the CCG Chief Officer since it was authorised in April 2013.

Professor Fran Game, Consultant Diabetologist and Clinical Director of Research and Development, Derby Teaching Hospitals NHS Foundation Trust

Professor Fran Game has an International reputation in the field of the Diabetic Foot. She has been Chief Investigator on several national and international trials. She regularly lectures at national and international diabetes conferences on the subject of the diabetic foot and has published over 70 papers and book chapters. She is current Chair of the Wound Healing subgroup of the International Working Group of the Diabetic Foot, co-chairs the East Midland Diabetic Foot Network and works with Diabetes UK on their “Putting Feet First” campaign.

Speaker biographies

Dr Majid Akram, Cardiovascular Lead South Lincolnshire Clinical Commissioning Group, Specialist Advisor CQC for online services

Majid works as a GP principle and trainer in a large practice (23,000 patients) on the outskirts of Peterborough. He is interested in the use of technology within the health sector and works as a specialist advisor for the CQC for their online service registrations.

He is Cardiovascular Lead for South Lincolnshire Clinical Commissioning Group. He leads a project using online auditing software, allowing him to capture real time outcomes data for cardiovascular diseases. This programme has improved prevalence and outcomes for patients in his locality. Keen to hear from others interested in health technology: majidakram@nhs.net

Dr Aamer B Ahmed, Honorary Clinical Senior Lecturer, Department of Cardiovascular Sciences, University of Leicester

Dr Ahmed has been a consultant anaesthetist since 2000 at Glenfield Hospital. He trained in Nottingham and at Papworth Hospital in Cambridge and now undertakes all aspects of complex adult cardiothoracic anaesthesia and transoesophageal echocardiography. He teaches on regional anaesthesia and echo courses run at the Royal College of Anaesthetists and Association of Anaesthetists in the UK and workshops at the European Society of Anaesthesiologists (ESA) each year.

His research interests include patient blood management and haemostasis in cardiac and high risk surgery, cerebral monitoring in cardiac surgery and ultrasound guided vascular access. He has also run several phase II and III clinical trials and has published extensively. He has recently been appointed to the NHS East Midlands Clinical Senate Council.

He chairs the Media Committee of the ESA as well as being a member of their Transfusion and Haemostasis Committee, and a member of two ESA Guidelines Committees on Severe Perioperative Bleeding and Venous Thromboprophylaxis for Surgery. He is also a member of the Association of Cardiothoracic Anaesthetists of the UK.

Mike Morgan, National Clinical Director Respiratory, NHS England

Mike is the National Clinical Director for Respiratory Services in England and is past President of the British Thoracic Society.

He is a consultant respiratory physician at the Department of Respiratory Medicine, Allergy and Thoracic Surgery at the University Hospitals of Leicester NHS Trust at Glenfield Hospital and Honorary Professor at the University of Leicester. He is also a Vice President of the British Lung Foundation and the editor of Chronic Respiratory Disease.

Dr Jane Youde, Clinical Director and Consultant Geriatrician, Derby Teaching Hospitals NHS Foundation Trust

Dr Jane Youde is a consultant in Medicine for the Elderly in Derby since 1999. Undertook research into cardiovascular responses in the elderly (DM 2002). Currently Clinical Director for Rehabilitation and Elderly Care Business Unit for Derby Hospitals Teaching NHS Foundation Trust. Advised in the development of the Derby Falls Pathway and was clinical lead for the Falls and Bone Health QIPP workstream for the East Midlands Strategic Health Authority and involved with the Older People with Frailty workstream for EMAHSN.

A representative the British Geriatric Society on the board of the FFFAP. She was clinical lead for CareFall an e-learning project for in-patient falls prevention and management for doctors with the CEEU unit of the Royal College of Physicians and NHS England.

Speaker biographies

Jayne Harrison, Facilitator and Coach

Jayne began her career in sales and marketing for one of the country's leading HR consultancies, where she specialised in delivering large-scale career/executive coaching and leadership development programmes for FTSE 250 organisations. In 2012 she set up her own coaching practice and has also worked as an Associate with the NHS East Midlands Leadership Academy. During the last 4 years she has worked with Clinical Commissioning Group Governing Bodies, GPs, Clinical Nurse Specialists, and Clinical Consultants. Other programmes include leadership development and career change for HSBC, BIS, Siemens, RS Components, ITV, and Ricoh UK.

She holds a Postgraduate Diploma in Executive Coaching, is an Enhanced C-IQ Coach (Neuroscience of Conversations), Level A & B Qualified in a range of psychometrics, and is qualified to deliver the NHS Leadership Framework 360.

Jeremy Behrmann, Facilitator and Career Coach

Jeremy Behrmann is a professional facilitator who has a deep interest in innovation and how we build creative communities. For over 10 years he has facilitated experiences, conferences, co-creation workshops and team building in the areas of strategy, leadership, innovation and performance management.

Since moving to the UK Jeremy has done several contracts within the healthcare sector facilitating specifically for AHSN's. Working with the Social Kinetic he was part of a strategy engagement workshop with Yorkshire and Humber AHSN and a patient safety engagement project with Imperial College Health Partners AHSN.

Linda Garnett, Facilitator and Coach

Linda has 25 years' experience of working with organisations to deliver results through people. She has held Executive and Non-Executive roles in the NHS and now brings her experience and insights into her work with individuals, teams and organisations across all sectors.

Linda is a qualified coach and Myers Briggs Type Indicator Practitioner, which she uses in both individual and team development. She is an Associate with East Midlands Leadership Academy and 360 Assurance. Recent work includes developing an STP Operational Delivery Plan, designing and delivering a Leading Transformation Programme for an NHS Vanguard site and coaching and mentoring senior managers in primary care, health and voluntary organisations.

Linda is a Member of the CIPD, and Associate of the Association of Coaching.

Mark Dodsworth, Facilitator and Creative Director

Mark Dodsworth is internationally recognised for his innovative approach to the empowerment of people. In 1994 he co-founded RedZebra Global, which has offices in the UK, USA and South Africa and has worked in over 70 countries in 6 continents.

An experienced Creative Director, Facilitator, and Master Trainer, Mark has designed and delivers hundreds of experiences around the world that focus on Creative Leadership and Innovation.

Sharing a wealth of experience in both personal, corporate and community development, Mark is known for his ability to enhance human performance in life, in business and on stage, helping to co-create a flourishing future for all.

Case studies

The following case studies are examples of industry partners working with AHSNs and the wider NHS to embed and spread innovations at pace and scale throughout the system.

Each case study relates to one of the Long Term Conditions discussed today. The case studies also appear as larger posters in the display area and many of the companies are here today if you want to discuss their innovation with them.

myCOPD (my mhealth)

The challenge

- Chronic Obstructive Pulmonary Disorder (COPD) is the second most common cause of hospital admissions in the country
- COPD costs the NHS over £800m in direct healthcare costs
- Studies show that 90% of people with COPD are unable to take their medication correctly

Innovation deployed

- myCOPD is an integrated online education, self-management, symptom reporting and pulmonary rehabilitation (PR) system to help people with COPD manage their condition more effectively
- The platform has shown to correct 98% of inhaler errors without any other clinical intervention
- Healthcare professionals are provided with a dashboard to allow them to plan, monitor and manage patients remotely
- North Lincolnshire CCG were the first CCG to commission a digital COPD self-management programme for the COPD population

Who's involved?

- my mhealth
- Wessex AHSN
- NHS Innovation Accelerator (NIA)
- NHS Innovation and Technology Tariff
- Portsmouth CCG

How?

The innovation was accepted on the NIA programme which resulted in:-

- Refining myCOPD, along with a multi-morbidity platform to include Diabetes and Asthma
- Building the evidence base through 3 large randomised control trials and a Department of Health economic analysis
- Developing website and marketing materials, contacting hundreds of people in over 100 clinical commissioning groups and attending key conferences
- Building national and international partnerships to support distribution
- NHS England have put together an Innovation and Technology Tariff where CCGs are not going to be able to access myCOPD for free

Impacts to date

- myCOPD is being used across various CCGs all over the country covering a COPD patient population of 32,000
- Randomised Control Trials have shown 98% of patients had their inhaler technique corrected with no clinical interaction; there was a doubling in the rate of recovery from an exacerbation and a significant improvement in Quality of Life Scores vs standard care
- The pulmonary rehabilitation feature of myCOPD is a cost effective option and delivers the same patient outcomes as traditional face-to-face PR classes, with no wait time and 24 hours a day access
- An economic health analysis's reports savings of over £270,000 per year. Through a 25% reduction in admissions and reduced spend on conventional PR classes

Next steps

- Continue to implement myCOPD in other parts of the UK

TheAHSNNetwork

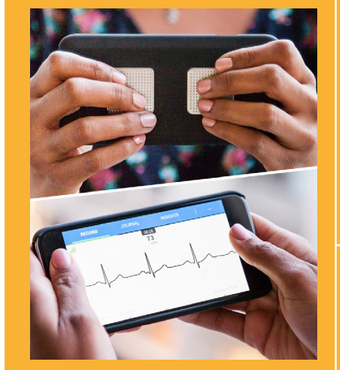
myCOPD+ mydiabetes myasthma

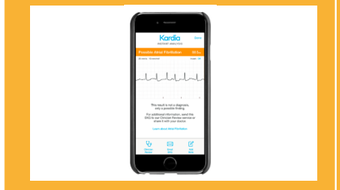
Contact us:

Ian Thompson, Strategic Director
ian.thompson@mymhealth.com | @myCOPDteam

Case studies

AliveCor – Kardia Mobile; early detection of atrial fibrillation using a smartphone





The challenge

- Atrial fibrillation (AF) is the most common heart rhythm disturbance in the UK and Ireland; responsible for one third of all strokes and costs the NHS more than £2.2bn a year to treat
- Early detection can lead to improved outcomes for patients, reduce the number of strokes and save the NHS money
- Traditional diagnostic technologies are not very effective and patient compliance is poor. With Kardia Mobile, many people have found it straightforward to capture their (electrocardiogram) ECG at the moment of symptoms

Innovation deployed

- Kardia Mobile by AliveCor is NICE reviewed, evidence based ECG for use with smartphones
- CE class IIa approved medical device allows individuals and clinicians to instantly capture a documented, single lead ECG for heart rhythm status
- Previously only available at the surgery, hospital or using bulky equipment, this capability on a smartphone, with instant auto-analysis offers new ways of configuring services to improve outcomes at much lower cost
- AliveCor is being implemented in approximately 40 community settings and is available to individuals and patients to buy online (alivecor.com, amazon.co.uk)

Who's involved?

- AliveCor is working with the following AHSNs; the Innovation Agency, Oxford, Imperial College Health Partners, UCLPartners, North East and North Cumbria, Yorkshire and Humber, Greater Manchester and Kent, Surrey and Sussex. They are are also listed on Meridian Health Innovation Exchange
- AliveCor is in year 2 of the NHS Innovation Accelerator, a national initiative to speed up the adoption of proven innovations in the NHS

How?

- Kardia Mobile can be used anytime, anyplace to check for AF
- If AF is spotted a PDF of the rhythm strip can be shared and stored to support any diagnosis and potential treatment
- Use of such a rhythm strip is now class 1 European Society of Cardiology guidance

Impacts to date

- Early Detection of AF for reduction of strokes
- Symptom + rhythm capture allows remote diagnosis of palpitations
- Empowers self-care for chronic condition management
- Reduces need for outpatient visits by instant, patient facing results

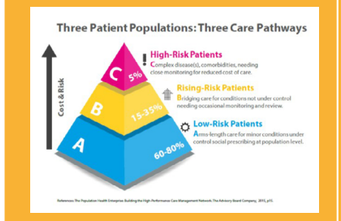
Next steps

- AliveCor is likely to be available through central NHS funding from April 2017 as a supplemental part of the National Innovation Tariff

Contact us:

Francis White, VP Sales & Business Development
francis@alivecor.com | @AliveCor

Broad suite of digital healthcare solutions supporting long-term Respiratory, Diabetes and Cardiovascular conditions



East Midlands
Academic Health Science Network
Igniting **Innovation**

The challenge

- **Increasing self-care in Community:** Education and empowerment of patients about their conditions and recogniton of signs of declining health
- **Improving interface between hospitals and home:** Supporting community healthcare teams to see at a glance health status of their patient cohorts in their region
- **Health and care cost reduction:** Reduction of number of hospitalisations and providing care closer to patient at home, reducing costs and decentralising care away from hospitals

Innovation deployed

- **High Risk Patients** (5%): intensive monitoring, medical monitors, education, empowerment and care plans
- **Rising Risk Patients** (20%): Medical monitors, early discharge, prescribing further monitors and data reviewed remotely
- **Low Risk Patients** (75%): self-management and education

Who's involved?

- Spirit Healthcare (CliniTouch Vie)
- Aseptika Limited (Activ8rlives)
- Leicestershire Partnership NHS trust

How?

- Stratification of patients into Risk Groups, even for the same condition, greatly enhances the focus, scalability and agility in response to changing demand for supporting long-term respiratory, diabetes, cardiovscular and frail elderly patients

Impacts to date

- 67% reduction in unscheduled admissions amongst patient cohort
- Overall reduction of 9.1% in all COPD admissions - despite the harsh winter of 2013/14
- Effective in managing re-admissions - number of admissions per head reduced from 3.13 to 1.02 per year ($p<0.001$)
- Improved patients' experience of care - patient feedback demonstrated higher levels of confidence, knowledge about their condition and positive behavioural change

Next steps

- Spirit Healthcare and its subsidiary Aseptika can now provide one of the most comprehensive range of solutions to support patients of all ages, all IT abilities, all levels of disease severity and across a wide range of disease areas: respiratory, cardiovascular, diabetes and frail elderly

Contact us:

Kevein A. Auton, PhD, Magaing Director
kevin.auton@aseptika.com | @Activ8rlives

Case studies

Docobo™
towards a better quality of life

ArtemusICS – Population Health Intelligence and Remote Monitoring for targeted and efficient care delivery

The challenge

- STPs and CCGs need accurate health and social care utilisation and cost data across patient populations to support integrated commissioning
- Half of all GP appointments and 70% of hospital bed days are used by patients living with Long Term Conditions – of which there are 15 million in England
- Care teams can find struggle to allocate resources effectively and efficiently and need ways to change working practices to meet demand

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Innovation deployed

- Docobo's innovation, ArtemusICS™, is a data driven population health intelligence and monitoring platform, which supports regional and community teams to identify and keep patients out of hospital, stopping preventable A&E admissions and in-patient stays through earlier detection and intervention
- It enables commissioners to assess the needs of their local populations, identify gaps in care, view trends, prioritise care delivery and monitor the impact of early intervention and prevention initiatives, including telehealth supported interventions
- ARTEMUS-ICS™ is particularly useful for prioritising groups of patients for interventions by locality or region where the main purpose is to enable efficient use of resources and track the outcomes of interventions
- Multidisciplinary teams are able to analyse health and cost information to create a holistic view of their populations
- Deployed in West Sussex CCG's

Who's involved?

- Docobo
- The AHSN Network
- NHS Innovation Accelerator

How?

- Built on trust and reputation which is shared as NHS staff compare experiences
- The AHSN's have worked hard to understand Docobo's solutions and appreciate the innovation and benefits they offer patients and the NHS. The AHSN's have helped Docobo connect with a range of clinical networks and workstreams, enabling the solution to be adopted at multiple sites to support patients get out and stay out of hospital

Impacts to date

- Better targeting of resources to suitable patient cohorts – improved ROI's – 300 less bed days and 100 less unplanned admissions for 180 patients
- Reduced hospital admissions by up to 75%,
- Reduced 999 calls by 65-70%
- 40-50% reduction in GP and nurse visits

Next steps

- Engage policy makers and senior management within STP's, CCGs and providers to articulate the digital health solution ArtemusICS™ can offer when implemented properly at scale

Contact us:
Adrian Flowerday, Managing Director and Co-founder
adrian.flowerday@docobo.co.uk | @DocoboUK

entechealth

Diabetes: Technology-enabled Transformation of diabetes foot service

Nigel Baggaley - Podiatrist at Ripley Community Clinic

SilhouetteStar Camera

Dr Bruce Davey - CEO ARANZ Medical with SilhouetteStar Camera

East Midlands **Academic Health Science Network**
Igniting **Innovation**

The challenge

- > 61,000 people with a **Diabetic Foot Ulcer** (DFU) at any given time
- 6,000 people with diabetes have leg, foot or toe amputations each year in England - many avoidable
- Improving DFU outcomes can **avoid amputations**, improve quality of life and mortality
- Total NHS spending on ulceration and amputation estimated at £651m
- 50% of foot care expenditure in diabetes is for primary, community and outpatient care

Innovation deployed

- **Technology-enabled new model of care**: 3D wound imaging and information system - Silhouette®. **Enabling routine DFU treatment to be delivered in the community**
- SilhouetteStar camera uses laser-assisted 3D measurement technology to accurately map wound size, enabling clinicians to assess wound progress and response to treatment with objective data
- Supports reliable, **reproducible and remote monitoring** and management of patients with active DFU and chronic complex wounds

Who's involved?

- Entec Health Ltd
- Aranz Medical Ltd
- Derby Teaching Hospitals NHS Foundation Trust
- Derbyshire Community Healthcare Services NHS Foundation Trust
- EMAHSN

How?

- The partners have collaborated to implement the Silhouette® 3D wound imaging system as part of an **integrated pathway across** both primary and secondary care
- EMAHSN assisted with the procurement of the system and worked with all partners to get the new pathway implemented in four settings
- EMAHSN is providing support with the implementation, communications, patient and public involvement, planning and procurement for wide adoption and spread

Impacts to date

- Moving 35% treatment sessions to community clinics **forecast to reduce DFU service costs by 15-20%**
- Patient feedback very positive
- Quality of treatment maintained with opportunities for improvements
- Secondary applications of digital wound imaging system being explored
- **Projected savings if deployed across the East Midlands: £0.9m-£1.8m per annum**

Next steps

The project is being evaluated to confirm the health economic model and business case for spread of the innovation to other locations within and outside the East Midlands.

Contact us:
Achala Patel, Managing Director
achala.patel@entechealth.com | @entechealth

Case studies

Helicon StrokePrevent™ - empowering people, clinicians and families to collaborate more effectively to prevent stroke

The challenge

- 130,000 people have a stroke each year in England. More than 90% are attributable to known and modifiable risk factors
- Helicon Health Ltd is working to provide tools to allow healthcare professionals and patients to collaborate to reduce stroke rates; supporting patient activation, reducing pressure on acute and primary care services and saving the NHS money

TheAHSNNetwork

Innovation deployed

- Helicon StrokePrevent® focuses on cardiovascular related disease, e.g. atrial fibrillation, hypertension, stroke prevention and heart failure. It identifies hard to reach patients, predicting who is most at risk and what to do
- Digital healthcare package used to assist clinical decision making, professional e-learning, complete with patient apps, patient e-learning and devices for self-care
- Cloud solution from NHS N3, available on G-Cloud 8 and App stores
- Deployed across 50 GPs, pharmacies and hospitals

Who's involved?

- Helicon Health Ltd was spun out from UCL and NHS Whittington Health in 2012. It has been working with 5 Academic Health Science Networks (AHSNs) so far and was selected by Digital Health.London to support the pan London stroke prevention programme

How?

- HeliconHeart™ (NHS Cloud service) was initially rolled out to support the anticoagulation clinics at hospitals in North Central London. This has been extended to GPs and Community Pharmacies amongst others
- Helicon ProActivate™ recently introduced to identify "the missing and likely"
- Helicon added new online learning courses and included smart phone apps; a patient guide to anticoagulant management and stroke prevention and management of DOACs for healthcare professionals
- AHSNs have helped Helicon raise their profile with key decision makers and influencers within the NHS and industry partners

Impacts to date

Based on the evidence from London, Helicon's technology could have an enormous impact in the East Midlands:

- Save 1,000 AF strokes and medical costs of £23m a year
- Reduce the number of anticoagulation visits to hospital or GP clinics by 150,000 a year
- Empower 20,000 patients to self-care, become activated and live healthier lives

Next steps

- Talk to Helicon and work with them to see if more strokes could be prevented in the East Midlands

Contact us:

Tony Bowden, Chief Executive Officer
tonybowden@heliconhealth.co.uk | @heliconhealth

Mapmydiabetes - Online Structured Education for Diabetes

West of England Academic Health Science Network

The challenge

- The rapidly increasing prevalence of Type 2 diabetes presents a huge threat to patient health and NHS budgets
- Delivery of structured education to patients with diabetes is known to empower patients and carers, improve care and lower costs
- Provision of education sits at the forefront of priorities in diabetes care
- Delivery of education using traditional classroom sessions alone can be sub-optimal due to low attendance rates, limited capacity and once-only availability

Innovation deployed

- Mapmydiabetes is an innovative, NICE endorsed online structured education program for patients with type 2 diabetes
- By implementing Mapmydiabetes alongside current classroom education provision, or alone, Mapmydiabetes can markedly increase the uptake of patients accessing structured education
- Mapmydiabetes goes much further than simply providing education online - supporting patients in the long-term with self-management tools and collaborative care support

Who's involved?

- Mapmyhealth
- Gloucestershire CCG
- Gloucestershire STP
- West of England AHSN
- NHS Test Bed: Diabetes Digital Coach

How?

- Working together we implemented Mapmydiabetes across two localities in Gloucestershire CCG
- GP practice staff were trained in the importance of structured education and how to refer to Mapmydiabetes
- Practices were then supported in their referring into Mapmydiabetes by all members of the team
- Mapmyhealth provided ongoing referral support and technical back-up to all practices

Impacts to date

- After 4 months of implementation 15 practices were actively referring to Mapmydiabetes and 250 patient accounts had been created
- More than 600 hours of education had been consumed online
- More than 1800 modules had been completed
- Example patient feedback: "*Mapmydiabetes has had major effects on my health - all my readings are down. My HbA1c is down by 10, my weight has decreased by 12 pounds since starting. My morning blood sugars have come down to between six and seven, they used to be 12, 14 or 16*"

Next steps

- A business case is currently under consideration for the implementation of Mapmydiabetes across the remainder of the CCG
- Visit **www.mapmyhealth.co.uk/mapmydiabetes**

Contact us:

Dr. Matthew Goodman Medical Director
mgoodman@mapmyhealth.co.uk | @Mapmyhealth

Case studies

Simple Telehealth – Florence

The challenge

- Florence or 'Flo' is the NHS simple telehealth solution providing advice and support for patients to manage their own conditions better
- Flo helps patients to feel confident and enabled to self manage. Clinical outcomes improve and avoidable NHS contacts reduce, capacity is released for other areas of patient care

Innovation deployed

- Flo's unique persona interacts directly with patients via simple text messaging
- Flo has an evolving range of uses, which have spread across health and social care through natural innovative growth from clinicians' ideas and vision

Who's involved?

- Stoke-on-Trent CCG
- Simple Shared Healthcare Ltd
- Mediaburst
- The AHSN Network

How?

- Early published clinical trials allowed clinicians to innovate
- Better and faster clinical outcomes were demonstrated creating a solid learning platform
- Outcomes earned numerous accolades, further publication and awards capturing clinical attention
- Clinicians implement Flo via the Simple Telehealth Collaborative Community where peer-to-peer best practice and learning is freely shared; adoption and spread has quickly gained pace from this point

Impacts to date

- Flo has now supported over 47,000 patients across over 70 health and care organisations
- Organisations across the UK commission Flo according to their local clinical and operational priorities, collaborating across boundaries

Flo has consistently demonstrated:

- Significant evaluation and evidence base
- High patient satisfaction
- Practical and sustainable implementation
- Widespread clinical acceptance

Feedback

- "Flo has given me an extra layer of reassurance and a sense of regaining control. This is all about freedom and retaining independence which is very important to me" COPD patient
- "Flo is like an extra member of the team. Without her we would need to find extra capacity" Community Team, Shropshire

Next steps

- Flo continues to evolve with continued interest nationally and internationally fuelled by clinicians developing new pathways and uses everyday
- Flo provides a cost effective and efficient platform for organisations to build on with an extensive spectrum of uses that assist in driving and enhancing the changes required to realise benefits at patient, clinician and system level

TheAHSNNetwork

[Your] best practice healthcare, advice and patient education

Improved engagement and adherence

Better and faster clinical outcomes

Contact us:

Lisa Taylor, Director of Services and Community
lisa.taylor@simple.uk.net | @NHSflo

HED Commissioner - Driving Quality and Efficiency

East Midlands Academic Health Science Network
Igniting Innovation

The challenge

- NHS commissioning organisations often find interrogating and using data effectively difficult, time consuming and costly
- The Health Foundation estimates between 7-10,000 analysts work in the UK NHS
- Having up to date and regular data across multiple departments can support teams to make decisions quickly and accurately

Innovation deployed

- Healthcare Evaluation Data (HED) Commissioner is an online benchmarking solution designed for commissioning organisations to deliver financial savings and drive clinical performance
- HED Commissioner is a flexible tool featuring interactive dashboards and granular level modules
- It is evidence based and has been developed in conjunction with active commissioners
- The system is web-based and designed to give commissioning organisations the tools to deliver intelligent data.

Who's involved?

- University Hospitals Birmingham NHS Trust
- EMAHSN

How?

- HED allows users to make key decisions in contracting and finance, primary and secondary care, performance and business intelligence
- The system is interactive, intuitive and easy to use. The reports are updated monthly by a dedicated quality support team, providing relevant, timely and robust data
- The tool provides Clinical Commissioning Groups (CCGs) with the same data that acute trusts often have access to, but with a view tailored to the needs of CCGs

Impacts to date

- Having the ability to explore the data directly and in detail which allows CCGs to better understand the services they are commissioning, draw comparisons with other CCGs/ providers and make better decisions
- Assess business strategies to identify opportunities to inform QIPP planning. Increase knowledge of the local and national healthcare market to deliver provisions with which to better support the local population

Next steps

- Licences available for 1, 2, 3 year deals
- Contact HED for a demonstration

Contact us:

Ralph Evans, Business Development Manager
www.hed.nhs.uk/info | Ralph.Evans@uhb.nhs.uk

Notes

Contact us

East Midlands Academic Health Science Network
C Floor, Institute of Mental Health
University of Nottingham Innovation Park
Triumph Road, Nottingham
NG7 2TU

T: 0115 82 31300
E: emahsn@nottingham.ac.uk
W: www.emahsn.org.uk

East Midlands
Academic Health
Science Network

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