

East Midlands AHSN

Supporting the health and care system to respond to COVID-19

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From March, at the beginning of the pandemic, we realigned our resources to offer our full support to the system response. We have worked on a local level in the East Midlands supporting our STPs and ICS, on a regional level collaborating with the West Midlands AHSN working across the NHS Midlands region and nationally collaborating with England's other 14 AHSNs (the AHSN Network) and national cross sector partners across the NHS, social care, research and industry.

We have used our unique position in the innovation space to support the NHS, care sector and industry throughout this challenging time. I am pleased that we have been able to provide tangible support in areas such as managing deterioration in care homes, optimising approaches to medicines and supporting calls for relevant innovations from industry.

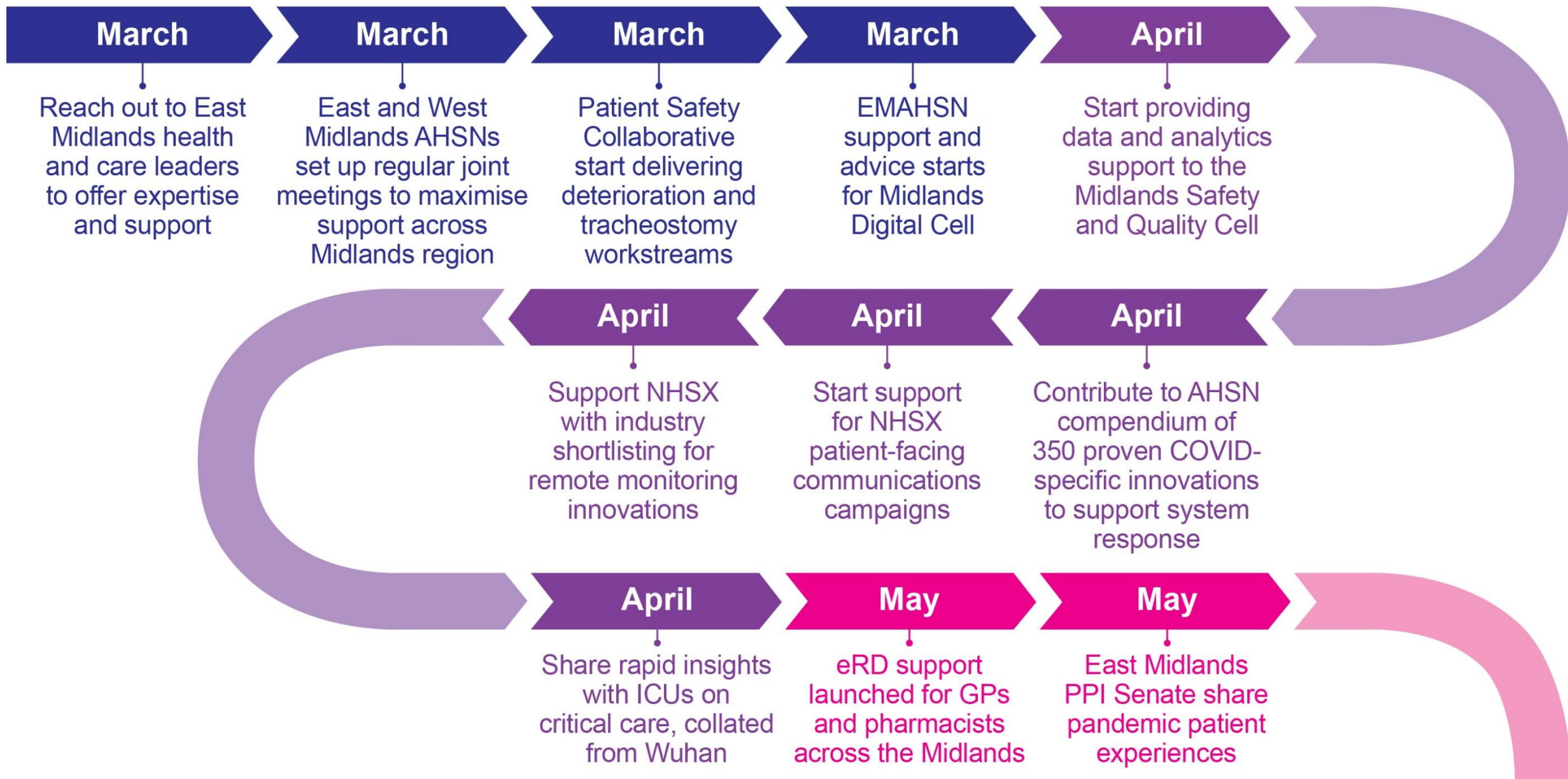
Pages 3-17 highlight the work we have undertaken in the region since March 2020 and pages 18-27 detail the support we aim to provide for the health and care system going forward as part of reset, restoration and recovery.

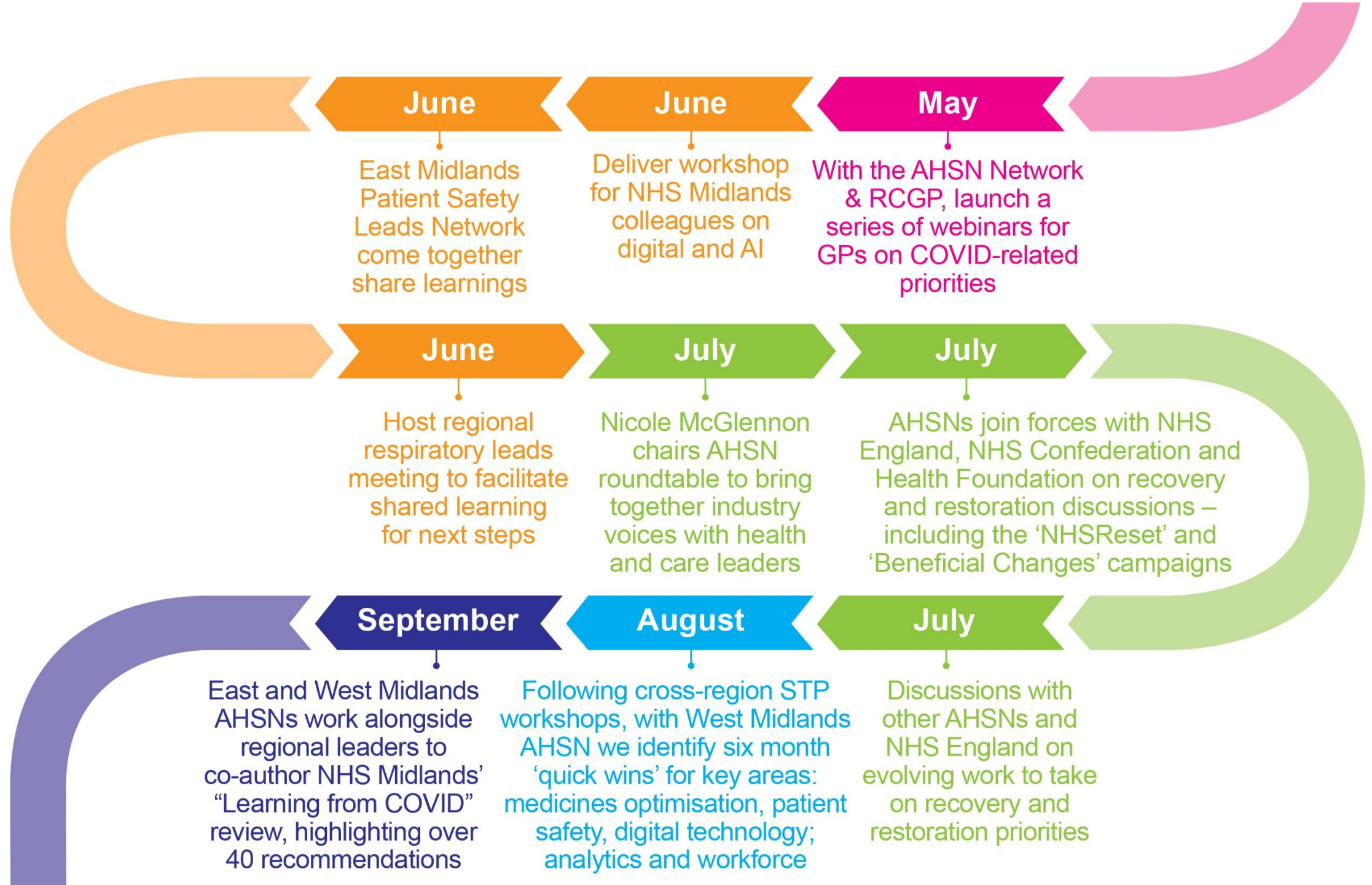
Thank you for reading and stay safe.



Nicole McGlennon,
Managing Director
East Midlands AHSN

Timeline of support mobilised by EMAHSN





Enabling conditions for safer care

Our East Midlands Patient Safety Collaborative (PSC) – a dedicated team working to build a culture of safety and continuous learning and improvement to achieve a safer health and care system for patients – quickly realigned workstreams and programmes to support the system response.

This included work to:

- help professionals in primary care, care homes, mental health and other non-acute settings to detect and manage deterioration
- support acute hospital healthcare staff to provide safe care to patients with tracheostomies.

The PSC have also facilitated a number of regional sharing and learning forums across a relevant patient safety themes and will continue to capture learnings to inform the reset, restoration and recovery of services following the impact of COVID-19.

Find out more: www.emahsn.org.uk/psc-covid-workstreams

Managing deterioration

We have worked collaboratively with all of our local East Midlands STPs and ICS to support the care homes in their area with guidance and tools to detect, manage and escalate cases of deterioration, which is imperative during the pandemic.

- This includes working on a campaign to encourage the use of deterioration and escalation tools (including RESTORE2) which support care home professionals to look for 'soft signs' and physical observations of deterioration (making detecting deterioration more accessible).
- We also ran a survey across the East Midlands scoping use of deterioration tools and treatment escalation plans – over 80% of care home respondents now use NEWS2 and 100% of trusts use Advanced Care Plans.
- We are now supporting a local demonstrator project to test the use and potential digital impacts of remote monitoring tools to support the detection and escalation of deterioration in care homes settings.

Through work with STPs we have reached over 300 care homes with deterioration resources



Safer tracheostomy care

We worked with East Midlands acute hospitals caring for tracheostomy patients with the aim to increase the adoption of three evidence-based tracheostomy safety interventions.

- We engaged with site leads, established current procedures and potential requirements and provided advice on proven safety interventions – including signposting to a safe tracheostomy care toolkit.
- We worked collaboratively with the East Midlands Critical Care Network to foster peer support with teams.
- This work supported national understanding of tracheostomy care and the possible support requirements for health and care staff.

Effectively
engaged with
all 13 East
Midlands
acute sites
delivering
tracheostomy
care



Optimising approaches to medicines to ease system pressures

Medicines optimisation has been a key area of our work that we realigned and mobilised in order to respond to the pandemic.

There was a recognition that medicines related programmes of work had the potential to ease pressures by helping to reduce avoidable medicine-related admissions and improving processes to reduce footfall in GP practices.

As well as acting in an advisory capacity, we supported trusts to accelerate the adoption of the national Transfers of Care Around Medicines (TCAM) programme and worked collaboratively across the Midlands NHS region with the West Midlands AHSN to increase the uptake of Electronic Repeat Dispensing (eRD).

Electronic Repeat Dispensing (eRD)

As part of a national NHS COVID priority, AHSNs collaborated across England to embed eRD. GP Practices were asked to consider putting all suitable patients on eRD to optimise the repeat prescription process and reduce footfall in practices.

- Uptake of eRD was previously low in the Midlands region so we worked collaboratively with West Midlands AHSN and both the Midlands and Lancashire and Arden and Greater East Midlands Commissioning Support Units to provide support for GP practices to scale up eRD.
- Comprehensive package of support including webinars, online sharing platform, technical and query support, tailored resources and support for implementation.
- Now consulting with patients on approaches to eRD.

**Over 650
Midlands
healthcare
professionals
engaged with
our eRD
support and
resources**



Acceleration of TCAM uptake

TCAM (specialist software enabling trusts to communicate changes in patients' medication to community pharmacies) was identified as a COVID-19 response programme, to prevent avoidable re-admissions based on medication errors.

- During the pandemic we supported two East Midlands trusts, that were not previously using the software or were not using updated software, to implement TCAM.
- Now helping trusts to explore functionality including:
 - ability to send alerts to community pharmacies when patients are admitted to hospital
 - support for care homes – alongside TCAM we are supporting uptake of software in trusts to identify care home patient discharges to pharmacy care home teams.

**Supported
two additional
trusts to
adopt TCAM
in response to
COVID-19**



Making sense of data to support the system response

Analytics and use of data has been essential to the pandemic response for the NHS Midlands Region. Drawing on our significant expertise in this area, the East and West Midlands AHSNs have been providing analytics services to support the regional response. This work is ongoing and provides two main areas of support:

- Providing analytics support for the Safety Surveillance Sub-Cell. Combining clinical and local expertise to review a wide range of data to identify any potential issues in health and care systems at an early stage for further investigation and action.
- The team provides analytical support to the East and West Midlands Cancer Alliances and this analytical expertise has also been supporting the Cancer Cell.

Supporting the Safety and Quality Cell

To provide assurance around safety and quality of care during COVID-19, the regional incident response structure established the Safety and Quality Cell. A Sub-Cell examines a large range of data from different sources and uses local knowledge and expertise to identify issues for action.

- Used technical analytical and presentation skills to provide both regular analysis (over 1,000 charts updated every two weeks), in addition to ad hoc analysis.
- Analysts present data analysis rather than sending data reports which enables discussion and greater understanding of what messages were/are locked within the data.
- Developed processes to present and review large amounts of data rapidly.

Surveillance
system
established
and
supporting
insight within
days



Connecting the NHS and industry

Our unique position between health and care and industry and our ability to connect has been central to the support we have provided during the pandemic. Our goal is to broker collaboration between healthcare and industry by identifying proven solutions to local challenges.

Our work over this time has included:

- Increased levels of 1-1 support, advice and guidance for industry and innovators
- Regional roll out and cascading of national NHS schemes focusing on calls for solutions (including TechForce19 and NHSX)
- Facilitation of national conversations between industry and NHS leaders to give industry a voice in the reset process.

Identifying innovations

During the pandemic, we saw increased calls for support from innovators with COVID response solutions requiring guidance on how to communicate their innovation to the system. We used our expertise to identify those that were most relevant to reduce noise for the system.

- Worked with innovators to evaluate the stage and relevance of their solution to the system.
- Provided advice, guidance or support to over **150** SMEs and innovators during the pandemic.
- Quickly identified innovations for key clinical themes, for example for mental health to support at risk patient groups.

AHSNs identified **350** innovations between March and August to respond to specific COVID-19 challenges



Creating a compendium of innovations

A benefit of being part of a national Network of AHSNs is the ability to collaborate and share proven innovations. During the pandemic the AHSNs worked together to create a list of proven innovations responding to COVID specific areas of priority from across our 15 regions to share with our partners.

- Contributed to an AHSN compendium of 350 proven innovations in categories including remote monitoring, digital outpatient technologies and diagnostics.
- Also used internal expertise in remote monitoring to support shortlisting of solutions for NHSX – shortlisting from over 200 to a handful of innovations.



**Nationally
shortlisted
remote
monitoring
solutions which
have since been
procured within
region**

Voices of COVID – capturing first-hand experiences

We have captured a number of different perspectives and experiences of COVID-19. These highlight pivotal moments, barriers, and learnings to inform the reset process.

“I am keen to use technology to assess residents while the GP remains at the surgery, so we can feed this information in more readily. ”

Care Home Manager

“I've had to search for all of the information relevant to my conditions all the way along. I have used my own initiative and resources, which other people may not have.”

Patient

Read the full case studies: www.emahsn.org.uk/voicesofcovid

Applying learnings

We have worked with the Midlands NHS and other partners to reflect on learnings from the pandemic and make recommendations for our health and care partners. We will use these learnings to support the system during reset, restoration and recovery. The key themes and recommendations fall into the following categories:

- **Benefits of full system working**
 - A focus on place
- **Continuous innovation, improvement and adoption**
 - Using technology to improve care delivery
- **Supporting the health and wellbeing of staff**
 - Workforce agility
- **Addressing inequalities and supporting the most vulnerable**
 - A new relationship with the public.

We will work with our health and care partners to support the implementation of these recommendations.

Supporting the system approach to reset, restoration and recovery going forward

Directing our expertise and capability to support reset, restoration and recovery

We worked across the NHS, social care, public health, research and industry sectors – providing support both within our region and using our national network to maximise the impact of our activities. We have applied our unique expertise, knowledge and capability around innovation and technology identification and adoption to support our system during this time of upheaval. We are committed to continuing to enable and broker collaboration to benefit the system as a whole.



Nicole McGlennon,
Managing Director – East Midlands AHSN

Our priority going forward is to continue our support on the ground, but to use our established services, extensive regional cross sector networks and knowledge to contribute strategically to the reset, restoration and recovery of our health and care system – to lock in some of the positive progress that has been made. We will do this by ensuring involvement in local and national conversations, facilitating more opportunities for best practice (including championing PPI and co-production) and working with our stakeholders to establish the most relevant support we can provide.

Get in touch via emahsn@nottingham.ac.uk to discuss any of the capabilities and support detailed in the following pages.

Our capabilities

In the following pages, you will see further details about our expertise and the support we are able to provide, including:

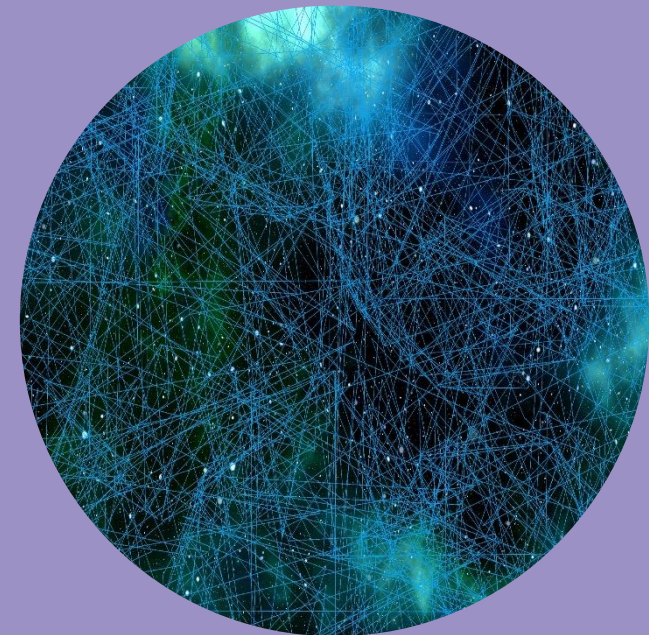
- **Evaluation support** – undertaking rapid evaluations and developing insights
- **Unlocking the power of data** – experts in Health Analytics and Informatics
- **Expertise and networks in key areas** – in-house expertise and excellent links and relationships with partners in the areas of digital, medicines safety, mental health, patient safety and research (NIHR ARC)
- **Acting as an honest broker** – connecting commercial innovators with health organisations – helping match proven solutions to challenges
- **Patient and Public Involvement and equalities expertise** – support for health and care partners to help embed co-production of transformation, to access independent advice via the expert East Midlands PPI Senate and steps to address inequalities
- **National access to expertise and proven technologies** – full coverage of England via the 15 AHSNs (the AHSN Network).

Leveraging our national network and links

As part of the national AHSN Network we have the ability to rapidly evaluate and develop insights into technologies and quickly identify and import proven innovations from other regions and those recognised by national schemes with rigorous criteria.

This includes:

- **Via other AHSNs** who test, demonstrate & evidence solutions in their area
- **The Accelerated Access Collaborative (AAC)** – a route for breakthrough medicines and technologies
- **The NHS Innovation Accelerator (NIA)** – nationally selected fellows from companies with proven innovations
- **Collaboration with research partners** including NIHR and AHSCs
- **Access to a range of additional support and funding programmes** – including NHS Clinical Entrepreneurs Programme and SBRI Healthcare.



Supporting the use of data to inform reset

We have a dedicated Health Analytics and Informatics team who have supported the region during the pandemic.

The team will continue to offer this support over coming months and can also provide help with:

- **Upskilling** – using their specialist approach to upskill others to enable more accessible presentation of data. Including advice and shadowing opportunities.
- **Training** – providing specialist analytics and data courses.
- **Bespoke support** – supporting on specific projects to understand and interpret next steps in reset, recovery and restoration to inform decision-making.



Enhancing approaches to digital technologies

We have dedicated experts in digital transformation technologies and AI. We use our expertise to help health and care partners understand their challenges and find the most suitable solution.

We can support with:

- **Identifying and clarifying your needs** based on your objectives
- **Brokering connections** with innovators with proven solutions
- **Horizon scanning** to help health and care partners understand the art of the possible.



Commercial advice

We have an in-depth understanding of the commercial processes that will be required as part of reset and procurement of new technologies and products.

Our close relationships with funding sources and in-depth knowledge of dedicated frameworks means we can offer advisory support on bids and tenders.



Spreading proven innovations

Our innovation programmes answer recognised challenges – ensuring more patients benefit faster from proven innovations.

We have a number of programmes in the areas of mental health, CVD, medicines optimisation, care homes, as well as other areas. Some were born out of local need and others have been selected as national spread programmes across the AHSN Network.

We have a wealth of experience in implementation and scale up and can offer practical advice and support.

Our knowledge and expertise signposts systems to relevant and proven innovations from across England that address their priorities – and our implementation expertise enables rapid adoption.

Our work is rapidly evolving to meet system needs – for example we are currently scoping a programme on workforce innovation.



For a full list of our innovation programmes visit: www.emahsn.org.uk/ourinnovations

Co-producing changes with patients

Patient and Public Involvement (PPI) is extremely important to us and is essential to ensuring the reset, restoration and recovery of services meets the diverse and complex needs of patients and citizens.

Our PPI and equalities team is able to:

- Help partners **understand involvement and inclusion requirements**
- Share **expertise** and **resources**
- **Offer training** for patient leaders and healthcare involvement / engagement practitioners
- **Cascade** information and provide **access to our networks** – including patients and our expert East Midlands PPI Senate
- Undertake **equality analysis** processes for transformation programmes to understand **diverse patient and public needs**.

Our expertise provides potential for strong co-production foundations.



Creating the correct conditions for patient safety

Through our East Midlands Patient Safety Collaborative (PSC) we aim to creating the correct conditions for sustainable patient safety and continual improvement.

We have a number of areas of specialism within our PSC, as well as dedicated COVID response workstreams, that will support the regional reset and recovery process, including:

- **Quality Improvement** programmes and expertise
- Patient safety networks and sharing **forums**
- Well-established **relationships** with the **care sector** and other **non-acute care settings**.



Contact us for further information

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Office for
Life Sciences

