ANNUAL REPORT 2016/2017

IMPROVING HEALTHCARE & DRIVING ECONOMIC GROWTH THROUGH INNOVATION
AHSN NENC PROVIDES A LEADING ROLE IN CREATING A CULTURE OF INNOVATION, PARTNERSHIP AND COLLABORATION

NATIONAL AVERAGE:

- Priorities are aligned to local priorities: 63% - 83%
- Identification, adoption and spread of innovation: 70% - 81%
- Focusing on the needs of patients: 64% - 81%
- Building a culture of partnership and collaboration: 71% - 89%

Effective working relationship: 92%
Staff are knowledgeable: 95%
Clear and visible leadership: 91%
Staff are helpful: 96%

SOURCE: YOUGOV

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**Welcome to Our Annual Report for 2017**

**From the Board Chair:**

This report provides a summary of activity to our stakeholders at the end of our fourth year of a five-year license from NHS England. It is useful, at this stage, to pause and reflect on how much has been achieved and consider the rapidly changing environment in which we work and what that means for relicensing.

The Academic Health Science Network for the North East and North Cumbria (AHSN NENC) remains focused on improving healthcare and supporting economic growth through partnership working and promotion of innovation across the NHS, Academia and Industry.

The success of our AHSN has largely been as a result of excellent levels of engagement by stakeholders. This starts with the highest possible level of representation on our board from our member organisations. Senior buy-in from the key healthcare organisations in our region continue to ensure the aims of the AHSN are in line with their priorities. This means that the activities undertaken by the AHSN offer real added value as we adapt as the operating environment changes over the coming years.

Dr Arnab Basu, Chair of AHSN NENC Board

**From the CEO:**

In keeping with tradition we have concentrated in this Annual Report on the impact that our programmes have delivered. It is worth noting that the AHSN team who continue to deliver this work go well beyond those of us in the AHSN office. The impact is delivered in wards, surgeries, homes and clinics all over the region and it could not be achieved without the staff in our partner organisations.

It is testament to the hard work and vision of the NHS staff in the region that so much can be delivered at a time of so much pressure in the system. We have, together, built something very special in the North East and North Cumbria. We now have across the AHSN, networks of practitioners delivering significant improvement, transformation even, in areas such as Patient Safety, Quality Improvement, the Great North Care Record, the use of Medicines and many more programmes that you can read about in the pages that follow. It all adds up to a unique asset in a unique region and we are proud to support you.

I urge you to take a moment and consider the results of the most recent NHS England YouGov stakeholder survey. It once again demonstrated the effectiveness and alignment AHSN NENC has with the stakeholder priorities of our region. 92% of our stakeholders believing we had effective working relationships. 96% thought the AHSN staff were helpful and 89% thought we were building a culture of partnership and collaboration.

We are confident we have high-level buy-in, strong participation from the region, impact delivered and our valued honest broker role places us in an excellent position for relicensing. We will continue to work with you to:

- Support the improvement work necessary to deliver transformation within the region.
- Identify and evaluate innovations and, where there is value to the system, assist with their spread and adoption.
- Be the trusted intermediary within the system, working across the NHS, Academia and Industry.

So as we deliver our final year under the current AHSN license, we are in parallel undertaking extensive discussions and planning to ensure we are in the best possible shape moving forward to take the AHSN for the North East and North Cumbria into a new five year license. Please do stay in touch and help us shape this.

Dr Séamus O’Neill, Chief Executive, AHSN NENC

**The Key Healthcare Organisations in Our Region Continue to Engage Strongly and Ensure the Aims of the AHSN Are in Line with Their Own Priorities.”**

Dr Arnab Basu, Chair of AHSN NENC Board

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**Welcome from Wider Board**

**Directors**

- **Mr Ken Brenner**
  Chief Executive, City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust
  “The AHSN has created a culture and capacity for innovation to thrive and be adopted in our region. They act as the honest broker enabling members to move their innovations forward quickly and at scale.”

- **Mr Alan Foster**
  Chief Executive, North Tees & Hartlepool NHS Foundation Trust
  “The AHSN is in an excellent place to assist with STPs going forward. The positioning, expertise and relationships within the network ensure they are closely aligned with both local and national priorities.”

- **Professor David Burn**
  Pro-Vice-Chancellor for the Faculty of Medical Sciences, Newcastle University

- **Dr Mark Dorman**
  Chair, NHS Newcastle Gateshead CCG

- **Marion Grieves**
  Dean of Health & Social Care, Teesside University

- **Professor Jane Macnaughton**
  Professor of Medical Humanities, Durham University

- **Mr John Lawlor**
  Chief Executive, Northumberland, Tyne and Wear NHS Foundation Trust

- **Mrs Siobhan McArdie**
  Chief Executive, South Tees Hospitals NHS Foundation Trust

- **Ms Janet Probert**
  Chief Officer, NHS Hambleton, Richmondshire & Whitby CCG

- **Ms Louise Robson**
  Chief Operating Officer, The Newcastle upon Tyne Hospitals NHS Foundation Trust

- **Dr Jonathan Smith**
  Clinical Chair, NHS Durham, Dales, Easington & Sedgefield CCG

**Other Stakeholders in Attendance**

- **Ms Alex Glover**
  Chief Executive, Health Education North East

- **Mr Hans Moller**
  Innovation Director, North East Local Enterprise Partnership

- **Professor Stephen Robson**
  NIHR CRN Clinical Director, CRN North East & North Cumbria

- **Lesley Young-Murphy**
  Executive Director for Nursing & Transformation, NHS North Tyneside CCG

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WE ACT AS THE TRUSTED INTERMEDIARY BETWEEN THE NHS, ACADEMIA AND INDUSTRY

WE IDENTIFY, EVALUATE AND ADOPT INNOVATIONS SUPPORTING TRANSFORMATIONAL CHANGE

WE SUPPORT TRANSFORMATION THROUGH HIGH QUALITY IMPROVEMENT WORK

92% STAFF ARE KNOWLEDGEABLE
92% EFFECTIVE WORKING RELATIONSHIP
96% STAFF ARE HELPFUL
91% CLEAR AND VISIBLE LEADERSHIP

60 JOBS CREATED IN THE REGION
£4m FROM THE EUROPEAN COMMISSION TO SUPPORT LOCAL SMES USING THE INNOVATION PATHWAY

136 MEMBERS
131,000 PEOPLE HAD A CHANGE IN CARE
20,000 HEALTHCARE STAFF TRAINED
36% REDUCTION OF AKI INCIDENCE ON SURGICAL WARDs
SPREAD OF Q MEMBERS BY ETP ACROSS THE AHSN NENC REGION

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From the European Commission to support local SMES using the Innovation pathway

60 jobs created in the region
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ECONOMIC GROWTH
INTRODUCTION FROM
DR NICOLA WESLEY, INNOVATION
DIRECTOR AT THE AHSN NENC

Activities supporting economic growth have always been a fundamental part of the AHSN NENC, as they are fully supported by our member organisations and Board. This support arises from the appreciation of the direct correlation between increased employment and positive regional health outcomes.

MEASURABLE IMPACT

Our economic growth activities set out to achieve the following:

- The creation and safeguarding of new and existing jobs.
- The provision of bespoke support for industry including SMEs.
- The securing of funding to support the development and realisation of innovation.
- The attraction of investment to the region, for example originating from pharmaceutical companies.
- The investment in regional infrastructure from external sources such as the European Commission.
- The co-creation of new products and services ready for implementation and adoption in the NHS.

We pride ourselves on our rigorous and well defined processes to measure our economic growth outcomes. The AHSN NENC, along with other organisations forming part of our regional healthcare infrastructure, have a long track record in terms of credible metrics around supporting companies and capturing the benefits that accrue as a result.

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We pride ourselves on our rigorous and well defined processes to measure our economic growth outcomes. The AHSN NENC, along with other organisations forming part of our regional healthcare infrastructure, have a long track record in terms of credible metrics around supporting companies and capturing the benefits that accrue as a result.
The delivery partners provide contracted assistance, sometimes spanning several different services offered under The Innovation Pathway, to create a seamless offering across the entire lifecycle of innovation, to both our member organisations and industry. Although each of our delivery partners has its own distinct skill set and hence service provision, they also understand the importance of sharing knowledge and best practice not only with the AHSN NENC but also with each other.
THE INNOVATION PATHWAY
IN ACTION

The independent evaluation and support with the clinical trialling of new technologies is a crucial step in the development of new diagnostic products and services that can be readily adopted by the NHS, as such, they are fundamental services provided under The Innovation Pathway.

CASE STUDY

IDylla™ NRAS-BRAF MUTATION TEST FOR USE IN COLORECTAL CANCER

Performing a robust Clinical Performance Evaluation (CPE) is an important step when developing a new IVD test; as the results from these studies are used to apply for CE-IVD marking. The NIHR Diagnostic Evidence Co-operative (DEC) Newcastle upon Tyne, MRC Molecular Pathology Node and NewGene Ltd have successfully completed a CPE study in conjunction with Biocartis, Belgium, in support of the regulatory approval of its Idylla™ NRAS-BRAF Mutation Test for facilitating the detection of oncogenes.

The Test for use in the field of metastatic colorectal cancer has now received CE-IVD marking and the DEC are currently supporting Biocartis with care pathway analysis, accuracy trials, and early economic modelling.

IN FOCUS

THE NIHR DIAGNOSTIC EVIDENCE CO-OPERATIVE AT NEWCASTLE UPON TYNE (DEC)

The DEC is funded by the NIHR and is a partnership between Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle University. The AHSN NENC has commissioned the DEC to provide assistance under The Innovation Pathway with the evaluation of new and emerging in-vitro diagnostics (IVDs), including generating information on their clinical utility, cost effectiveness / health economic modelling, regulatory issues and care pathway benefits.

The DEC brings together a wide range of experts spanning the NHS, academia and industry to support our member organisations and industry with IVDs and other medical devices relating to the following clinical themes:

- Infectious diseases
- Molecular genetics
- Liver disease
- Stroke and cardiovascular
- Respiratory
- Musculoskeletal
- Cancer

The DEC can facilitate collaborations between industry and healthcare scientists, methodologists, and clinicians who can provide evidence-based clinical advice on the operation of the NHS. The DEC focusses upon the methodologies for diagnostic evaluation, drawing upon its experience of medical device development, regulatory affairs and clinical investigations, as well as advising on the areas where a new product or service might best meet the challenges of healthcare in the NHS.

The following case study is an example of how The Innovation Pathway can assist a company to work collaboratively with a partner organisation.

IN FOCUS

NIHR CLINICAL RESEARCH NETWORK NORTH EAST NORTH CUMBRIA (CRN) AND MEDCONNECT NORTH

The AHSN NENC has also commissioned the NIHR CRN as one of its delivery partners in The Innovation Pathway. This has resulted in the appointment of a dedicated medical technology specialist whose role it is to provide support to industry regarding clinical trials.

In addition, this has led to the creation of MedConNect North which is a collective of medical professionals and active clinical researchers, all of whom have significant experience of working in collaboration with industry across a broad spectrum of clinical disciplines. MedConNect North works in collaboration with the NIHR CRN to provide support to help healthcare companies deliver high quality research in the NHS arena, as well as supporting companies with clinical trials and evaluations.

MedConNect North are able to appropriately signpost companies to key opinion leaders within an array of both regional and national NHS organisations to assist with product placement and adoption, ideally leading to the co-creation of new and improved products and services by industry and the NHS.

The following case study is an example of how The Innovation Pathway can assist a company to work collaboratively with a partner organisation.

CASE STUDY

FIRSTKIND MEDICAL LIMITED

FirstKind Medical, a company from Buckinghamshire, developed the GEKO device, which when first brought to market was used in the prevention of Deep Vein Thrombosis. Since then, the company have further developed the device for use in oedema associated with injury and surgery.

The company were keen to evaluate the effectiveness of the device in reducing the swelling caused by ankle fractures, in order to allow surgeons to operate earlier, thereby facilitating a shorter hospital stay for patients and cost savings to the NHS.

MedConNect North brokered discussions between FirstKind Medical and a trauma and orthopaedic consultant at James Cook University Hospital. The concept was reviewed and thorough feedback was provided to the company regarding how best to run the study, factors to be considered, the background information required and the costs to be analysed. The study will be used to inform the design of a full trial to generate robust and meaningful research to inform national and international practice to encourage widespread adoption of the device.
**ACCELERATION OF ADOPTION**

THE INNOVATION PATHWAY IS AS OUR VEHICLE TO SUPPORT THE ADOPTION OF INNOVATIONS EMERGING REGIONALLY AND THROUGH NATIONAL INITIATIVES SUCH AS THE INNOVATION AND TECHNOLOGY TARIFF AND THE NHS INNOVATION ACCELERATOR PROGRAMME.

The AHSN NENC has brought together many of the key organisations and assets from across our regional healthcare infrastructure to develop The Innovation Pathway with the aim of identifying, exploiting and driving the adoption of innovation.

Although we are delighted that The Innovation Pathway has been rolled out across the national AHSN Network, it is truly unique in the North East and North Cumbria region on account of the expertise of the delivery partners which give it unique capabilities.

The delivery partners of The Innovation Pathway have themselves reputations in the field of clinical evaluation of medical technologies. For example, the DEC at Newcastle upon Tyne is one of only four DECs nationally. Moreover, these delivery partners are embedded within large NHS Foundation Trusts, with the result they act as a direct conduit and ‘early adopters’ of technologies that have been proven to be clinically effective by offering significant benefits to patient care.

**INNOVATION AND TECHNOLOGY TARIFF**

We intend to assess all six of the innovations represented on the Innovation Technology Tariff utilising The Innovation Pathway delivery partners, with the aim of driving adoption across the region.

In particular, we are currently supporting a pan regional clinical evaluation of the Episcissors 60, involving the majority of the Maternity Units, with the aim of introducing a holistic approach to the prevention of perineal tears and reducing the incidence of obstetric anal sphincter injuries. This evaluation will span a twelve month period. Firstly, it will involve collecting baseline data on current rates and complexity of perineal tears. Secondly, the Episcissors will be implemented, with the other alternative scissors being removed from practice. Support for the study and economic evaluation will be provided by Newcastle University. It is anticipated that the project will be an exemplar of network-wide collaboration, with the results disseminated across the region and beyond.

**THE AHSN NENC INNOVATION EXCHANGE**

Our Innovation Exchange is a mechanism for showcasing healthcare innovations originating from both within the NHS and industry, which are either undergoing development, or which are adoption ready.

The Innovation Exchange catagorises featured innovations according to care groups and key benefits and impacts. Our aim is to drive the adoption of innovation, leading to improvements in patient safety, quality, outcomes, and efficiency, as well as providing a valuable tool for Commissioners within the NHS to address unmet needs. Indeed, many of the innovations on our Innovation Exchange have already benefitted from the service of The Innovation Pathway, before being showcased.
Increasingly our Health Improvement Programmes are having both local (within our region) and national (through other AHSNs) influence. This results both from the overall collaborative philosophy of the AHSN, heavily influenced by our Board, and from the continuing concentration, within our Health Improvement Programme, upon ground-up programmes of work which produce quantifiable results and can be clearly evaluated. This work is aligned towards the spread and adoption of innovations and improvements in care of patients. These programmes have been informed and shaped by our continuing work with patients themselves and their representative organisations.

The publication of “Next Steps on the NHS Five Year Forward View” (FYFV) and “The Government’s Mandate to NHS England for 2016-17” in March 2017 have allowed us to further map our Health Improvement work to these important national agendas.

It is worth considering local and national activities in turn.

**OUR LOCAL IMPACT INCLUDES:**

- Our Frailty Summit in December 2016 was over subscribed with 300+ attending. “Working with older people can be extremely rewarding and today I have been able to not only listen to great speakers but also network closely with my peers in health and social care, many of whom I’ve admired for years. I know for sure there are some things I’m going to be doing differently straightaway.” Dr Dan Cowie, STP lead for out of hospital care

- Working very closely with Vanguards, Right Care and Clinical Networks as well as the CCGs in Sunderland and Gateshead the AHSN Frail Elderly Programme is working to add value to the work of these Vanguards on improving care in care homes and in particular, to develop better communication between care homes and the wider NHS (GPs, community health workers, emergency and ambulance services). In the regional Urgent and Emergency Care Vanguard we are working in particular with the North East Ambulance Service to develop and deliver its emergency ‘Virtual Hub’.

Our programme in Bone Health (fracture prevention) our programme has now been introduced to 2 other AHSNs, and Mental Health working with 3 other AHSNs.

**OUR NATIONAL REACH INCLUDES:**

- A sharp increase in evidence of our collaboration with other AHSNs by sharing a wide range of initiatives. These include: Atrial Fibrillation, working with all 15 AHSNs; Bone Health (fracture prevention) our programme has now been introduced to 2 other AHSNs, and Mental Health working with 3 other AHSNs.

- Our web based Innovation Exchange already includes over 50 case studies, many linked to the national ATLAS of Innovation showing examples of spread and adoption both in and out of our AHSN.

- Collaborative working with many pharmaceutical and devices companies throughout the Health Improvement Programme.

What follows describes our health improvement programmes, how they have evolved, what they are delivering, and how we are helping to shape the delivery of the FYFV in the North East and North Cumbria.
OUR PROGRAMMES

We have shaped our programmes so that each will produce results capable of adoption, share and spread based upon evidence by late 2017. This is in order to demonstrate the overall culmination of their work towards the end of the first five year AHSN licence (to March 2018) will be seen from the Case Studies which follow that our programmes are already having considerable impact.

ATRIAL FIBRILLATION

Our concentration has been to build improvements in detection of patients with AF and to optimise treatment. Even now, 60% of patients admitted to a major regional hospital with an AF related stroke had either not been previously known to have AF or were not optimally treated. These aims are in line with national priorities. The AHSN NENC was one of the first to introduce AliveCor pulse checking devices into primary care for opportunistic pulse checking.

DIGITAL HEALTH

We are now building upon successful projects in digital health - for example, long distance reporting of maternal foetal scanning and use of home testing of BP and Blood Glucose by pregnant women with SMS communication to antenatal clinics - to develop a more coherent programme of work around empowering patients and their carers to take more control of their own health at home. This is in partnership with the STPs and the Commissioning Support Unit. This work is complex and time consuming but vital to real transformation.

Well Connected Care Homes - working with Abbott Laboratories and Inhealthcare we will enable patients to greatly reduce clinic attendances by measuring vital blood tests at home and transmitting results, via the Cloud, to the renal clinic, subsequently to receive treatment because of poor warfarin metabolism.

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Renal Clinic at Home - working with Abbott Laboratories and Inhealthcare we will enable patients to greatly reduce clinic attendances by measuring vital blood tests at home and transmitting results, via the Cloud, to the renal clinic, subsequently to receive treatment because of poor warfarin metabolism.

In order to connect Care Homes more effectively with the NHS, work is being carried out to marry relevant information for individual residents from their Care Home records with relevant and appropriate parts of their GP electronic patient records. In close working with the Connected Health Cities Programme, this will enable real time sharing and use of appropriate patient information.

The AHSN is recording relevant information from these initiatives and evaluating outcomes. This will concentrate on providing information useful to the spread and adoption of this work widely. This will include information on process and satisfaction of residents and their families.

New Anticoagulant Clinical Pathway - With a £100,000 competitive AHSN grant from Pfizer Ltd, the AHSN is working with The Newcastle upon Tyne Hospitals NHS FT and the Newcastle Gateshead CCG to introduce a new clinical pathway for the management of Atrial Fibrillation (AF) in primary and secondary care. This is based upon two innovations:

• Home self-monitoring of INR for patients on warfarin as successfully pioneered in County Durham and Darlington NHS FT where 500 patients are now benefiting from INR self-monitoring, helped by the AHSN.

• Allowing all newly diagnosed patients with AF (around 650 per year in Newcastle) to have a genotype test to identify those patients less suitable for warfarin treatment because of poor warfarin metabolism.

FALLS AND FRACTURES

The Bone Health work is described in the case study to follow and is based upon the audit of GP electronic patient records, where the AHSN is now being seen as a national lead in this approach.

The AHSN is working closely with 4 NHS Foundation Trusts to reduce hospital based falls (a Patient Safety Collaborative programme) and increase activity and mobility in older people throughout the region.

Respiratory

A major programme of evaluation of the quality of patient care of COPD in primary care has been carried out in close collaboration with Newcastle Gateshead CCG. This has, in turn, led to several important AHSN led initiatives in upskilling primary care clinicians to deliver care for COPD patients in practices, which is in line with NICE recommendations.

FRAIL ELDERLY

The results of the wide variety of projects carried out throughout the region were presented and discussed at the highly successful Frailty Summit which was held in December 2016 and attended by 300+ people. Several of these are now being more widely adopted across the region. Lessons learned are being used in the Well Connected Care Homes programme described previously.

Dr Dawn Moody gave insight into a number of approaches that could help care professionals to identify and understand the dynamics of frailty, while also understanding the importance of data driven care as a solution to the growing concerns raised by an ageing and frail population.

“Developing a better understanding of what frailty is means our populations can have a very positive impact on how we design our services to deliver integrated and person-centred care. We have a wealth of data that is out there waiting to be used. Offering a unique opportunity to enable healthcare professionals to become more proactive in the care that we deliver.” Dr Dawn Moody, Associate Clinical Director for Older People and Integrated Person-Centred Care at NHS England.

Mental Health

Two other significant projects have been carried out in the past year. The online “Virtual Recovery College”, supported by the AHSN, was launched by the Tees, Esk and Wear Valley NHS FT in March 2017. This is an IAPT based service for people with mild to moderate mental health problems and visitor numbers are extremely encouraging in the short time since its launch. Requests are now being received from elsewhere in England to take up this programme.

Finally, the AHSN worked with the North East Mental Health Development Unit on a project to support vulnerable frequent service users. Originating in Teeside, this has now been taken up by four Crisis Care Concordat Groups (ambulance, police, A&E departments and Mental Health teams). Data has been gathered on the top 50 users of emergency services in each Group area. These 120 individuals were responsible for over 5,000 contacts with at least one emergency service over a 12 month period, the majority involving an ambulance call out and A&E attendance. As an example, four patients in one location cost a minimum of £68,000 in one year in ambulance call out costs alone. Examination of this information will allow the STPs to develop appropriate services to offer early help to these largely ‘chaotic’ individuals.

Supporting Vulnerable Patients with their Medicines

The ‘Supporting Vulnerable Patients with their Medicines’ project carried out an extensive analysis of the costs and benefits of pharmacist-led medication reviews, particularly in the care home setting. All CGCs in the AHSN region have been presented with a summary of the findings (marked improvement of individual medication schedules, reduction in medication related adverse events, considerable reduction in prescribing costs) and strongly encouraged to embed a systematic pharmacist-led medication review scheme into local care homes. It is still too early to estimate the effect of this initiative.

MENTAL HEALTH

This programme has concentrated on preventative approaches. There are several projects within the programme we wish to highlight:

- We have worked with the Cumbria Partnership NHS FT and other agencies to deliver a Suicide Prevention programme in Cumbria.

- The AHSN has also delivered a highly praised series of Depression Recognition and Management Masterclasses, in conjunction with Health Education England in the North East, to primary care staff across our region.

- We have helped the three Mental Health Trusts in our region to develop and deliver a series of wellbeing based interventions for their patients with mental health problems.

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BONE HEALTH PROJECT TO PREVENT FRACTURES

IMPROVING BONE HEALTH AND FRACTURE PREVENTION “A POPULATION BASED APPROACH USED ACROSS THE NORTH EAST AND NORTH CUMBRIA.”

Falls and fractures are a common and serious health issue faced by older people in the UK. Around a third of all people aged 65 and over fall each year and amongst older people living in the community, 5% of those who fall in a given year will suffer from fractures and hospitalisation. Every year, there are around 255,000 falls-related emergency hospital admissions in England among patients aged 65 and older. Falls are estimated to cost the NHS more than £2.3bn a year and the annual total cost of fragility fractures to the UK has been estimated at £4.4bn. In addition, falls and fractures are a cause of pain, loss of confidence, loss of independence, admission to institutional care and mortality.

The project is a collaboration between the AHSN and Clinical Commissioning Groups (CCGs), GP practices/federations, Interface Clinical Services, and pharmaceutical companies. It uses a population based approach to assess routine GP practice data to identify patients at risk of fracture across the North East and North Cumbria. The Bone Health initiative looks at identifying ‘at risk’ patients at GP practice level and starts them on the correct patient pathway in line with local and national guidance. The project has developed to look at patients on bone sparing medications.

Interventions include education/information for the patient on a healthier lifestyle, medication initiation or change, and or compliance advice. The cost saving model (based on the Cochrane Review 2008) conservatively indicates that treatment of 1500 patients saving model (based on the Cochrane Review 2008) or change, and or compliance advice. The cost saving model (based on the Cochrane Review 2008) conservatively indicates that treatment of 1500 patients with bone sparing drugs could potentially avoid 59 hip fractures, giving a saving of £960,000 over 4 years (against a cost of bone sparing treatment for four years of £60,900).

There are benefits for Patients and GP practices alike.

**PATIENTS**
- Education on the risk of osteoporosis.
- Education on the importance of a healthy diet, exercise and (if required) bone health therapies/treatments.
- Optimisation of osteoporosis treatment.
- Primary and secondary fracture prevention.
- Reduction in fracture risk.

**GP PRACTICES**
- Quality and Outcomes Framework (QOF) Prevalence and Value (Osteoporosis QOF points, potential inclusion of an average of 41 additional patients for each practice).
- Care Quality Commission (CQC) - recurring audits and re-audits help towards CQC accreditation.
- Personal Development Plan (PDP) revalidation.

4 AHSNs have adopted this project providing significant spread of the work.

RELATIVE REDUCTION IN HIP FRACTURE INCIDENCE FOLLOWING 4 YEARS BONE SPARING THERAPY BASED ON

59 = HIP FRACTURES

£960,000 SAVINGS IN ACUTE HIP FRACTURES

ADDITIONAL PROJECTS

COMMUNITY ADMIRAL NURSE SERVICE

In the North East 28.2% of emergency admissions with injuries due to falls (age 65+) have a secondary diagnosis of dementia and/or delirium. This is above the national average of 26.8% and the trend is increasing year on year.

The AHSN are working in partnership with Dementia Care. Dementia UK, North Star Foundation, Newcastle Gateshead CCG, and AMGEN to develop the role of the Community Admiral Nurse Service.

The innovative objective of the new Newcastle Community Admiral Nurse will be to reduce the incidence of falls and fractures in people with dementia by embedding the recommendations of NICE CG 161 - Falls in Older people: assessing fracture risk and falls prevention into their role. Injuries related to Falls are particularly common in people with dementia and lead to increased premature mortality and prolonged hospital stay or transfer from home to care homes. The overall aim is to spread this new part of the role to other Admiral Nurses in the region and throughout the NHS.

The overall aim is to spread this new part of the role to other Admiral Nurses in the region and throughout the aden Nurse network nationally. In addition this will be spread through Dementia Care, Dementia UK and through the AHSN Network as well as educating the wider dementia support networking in the area of Falls and Fracture prevention.

“Delivering services that are efficient and effective is so important in today’s environment. Working together with the AHSN we are able to help deliver healthcare which is truly Value Based.” Andy Ruczenzcyn, Global AKT Lead, Amgen UK & Ireland

STOP FALLING BEFORE IT STARTS

The aim of this project, in collaboration with The Newcastle upon Tyne NHS Foundation Trust, is to increase access to multifactorial falls and fracture risk assessment and intervention for older people at risk of falls via proactive case finding. Intervention will include the commissioning of evidence based strength and balance exercise classes, designed for more physically able older people. Held in community venues.

Outcomes of the assessment will include:
- Information and advice to the patients
- Advice to the GP on medication modification and suggested onward referrals for any general medical issues identified.
- Referral for further bone health assessment (DXA scan)
- Referral at usual tariff to existing falls services for those with more complex needs
- Offer of a community or day unit based exercise programme.

The assessment of gait and balance will be used to direct the patient to an exercise course appropriate for their level of function. As part of this project, a new upstream exercise programme based on the Fame Programme has been designed for fitter older people. This will be delivered by trained Postural Stability Instructors via existing community exercise providers and sports and leisure services in a variety of community locations.

The programme will commence 15 weeks of progressive strength and balance training delivered in weekly classes alongside a home programme to give a total of 50 hours of exercise. Less physically able patients will be referred to existing evidence based community and secondary care exercise programmes appropriate to their needs.

After evaluation it is hoped this project can be adopted in other areas.

126,027 CASE REVIEWS
ATRIAL FIBRILLATION TO PREVENT STROKES

It is estimated that 2.4% of the population in England have Atrial Fibrillation (AF). Without treatment, in their lifetime 1 in 20 patients will have a stroke and the Sentinel Stroke National Audit Programme estimated in 2014/15 that each stroke costs £24,217 (including inpatient, post discharge, rehabilitation and care costs). We have concentrated on ways to find those people with AF (and therefore at increased risk of a stroke) who are unaware they have AF or who were previously diagnosed but are not on the correct treatment. AF is a national priority and we have funded a number of AF projects to support this.

ALIIVCOR

AliveCor is a simple, handheld device developed to assist with opportunistic pulse checks in primary care. This programme will detect people with undiagnosed atrial fibrillation and ensure they receive the correct treatment.

A total of 317 patients have been screened so far with 54 currently requiring further intervention.

AF CARD DECK

The cards were developed with input from a range of prominent healthcare professionals and have been distributed to almost 3,200 GPs across the North East and North Cumbria area. Initial results show of those who had seen the card 42% used it and 16% of these had changed practice as a result. Two other AHSNs (Yorkshire & Humber and The Innovation Agency) have each ordered 500 copies of the cards. A revision is to be undertaken as a result of an evaluation to include a specific card on warfarin.

FOOT PULSE CHECKS IN PATIENTS WITH DIABETES

Patients with diabetes undergo an annual review. This includes a foot check where their pulse is assessed. Therefore any patient with an irregular pulse can be detected as part of the review process. Durham and Darlington Podiatry Services (covering North Durham CCG, Darlington CCG and Durham Dales Easington and Sedgefield CCG areas) were interested in running a 3 month pilot project examining how many patients with previously unknown AF could be detected in the diabetes foot check. Any patients detected with an irregular pulse were referred back to their GP for a 12-lead ECG to confirm or rule-out AF.

Outcomes and Impact

The team of 45 podiatrists were trained prior to the project starting and continue to have updates.

- 5,000 patients had their feet checked within the 3 month period
- 10 patients were identified with previously unknown AF.
- Extrapolating figures to 12 months indicates that 40 new patients with AF could be identified, this would prevent 2 strokes per year - a cost-saving of £46,650.
- Extrapolation shows that for every 500 patients with diabetes having their feet checked, one new case of AF could be identified.
- In 2015, the National Diabetes Information Service (NDIS), YHPHO estimated 231,777 people in the North East, North Cumbria, Hambleton and Richmondshire area with diabetes. Therefore 465 patients could be found with AF, preventing 25 strokes and saving £359,742.

SOUTH TEES / HR WORK (PFIZER SPONSORED)

The AF Review Project is aimed at helping practices to optimally treat patients with known AF. There is evidence that those with untreated AF or sub-optimally treated AF are at higher risk of developing a stroke. 40% of patients will require institutional care.

The NHS South Tees Arrhythmia Service currently manages patients who are referred with AF by primary care. This nurse led service, with support from consultant cardiologists from South Tees NHS FT, has been delivered as an outreach service since 2007. The team worked with the AHSN and industry to ensure all patients with AF are appropriately risk stratified, anti-coagulated and have a personalised package of care in line with NICE guidance. As part of the initiative the team offered to help with the review of patients currently registered as having AF. This service was offered as a free resource to practices in South Tees CCG area and parts of Hambleton, Richmondshire and Whitby CCG that receive NHS South Tees Arrhythmia Service.

Results

To date (April 2017) 13 practices have participated and results are:

- 2668 patients on AF registers.
- 509 patients had a desk top review.
- 239 patients reviewed by either the GP or seen in the nurse-led clinic.
- 55 patients anti-coagulated following review.
- 30 were taken off aspirin.
- 40 patients were recorded to have AF with no supporting evidence. Those were recommended to have further investigations such as 24 hour monitoring.

Using these figures 2 strokes have already been prevented. Once this activity is extended to include every practice in South Tees CCG and Hambleton and Richmondshire then another 6 strokes could be prevented saving £193,736.
QUALITY IMPROVEMENT AND PATIENT SAFETY

The Patient Safety Collaborative at the AHSN in collaboration with the Faculty of Patient Safety at Health Education England North East established a regional infrastructure to provide leadership, collaboration and deliver quality improvement resources and training to ultimately improve patient outcomes and quality of care in the region.

The AHSN NENC has benefitted greatly from working with the Health Foundation on this and in particular from the Q initiative.

Q is being created for the long term to support individuals and their existing improvement work. It has been designed to complement and help connect other initiatives and networks.

The AHSN NENC was chosen as one of the three AHSNs, from 15 across the country, to help recruit the next wave of Q members.

WHAT IS THE Q INITIATIVE?
The Q initiative is led by the Health Foundation and co-sponsored by NHS Improvement. Q is an initiative connecting people with improvement expertise across the UK.

Q’s mission is to foster continuous and sustainable improvement in health and care. To achieve this, we are creating opportunities for people to come together as an improvement community - sharing ideas, enhancing skills and collaborating to improve health and care.

WHO IS PART OF Q?
The Q community includes those at the front line of health and social care, patient leaders, commissioners, managers, researchers, policymakers and others. This diversity boosts the power of Q as a source of innovation and practical problem solving.

Q was co-designed with founding members in 2015. This helps ensure Q is genuinely helpful to the diverse range of people leading improvement. Q will continue to evolve - being shaped with the community as it grows.
QUALITY IMPROVEMENT

Quality Improvement capability is central to AHSN NENC’s approach to improving patient safety, ensuring better outcomes and improving efficiency. Our Q members are central to this.

A Q members welcome event was held in March 2017, the event aimed to understand members’ needs in order to undertake quality improvement, share learning and facilitate networking. The event was planned around the theme, Explore what is available. Investigate what you are interested in and Pledge how you are able to help.

The event opened with a dramatic, live patient story followed by short presentations detailing the next steps in the Q journey. Members were then encouraged to explore the various stalls available and network with providers who then led interactive Investigate sessions. Finally, members were encouraged to pledge their support to Q and conversely inform Q leaders of the assets they would need to achieve their pledge. The event was summed up by Scriberia:

Q members were asked to vote (via an interactive polling system) for the type of support they felt they required to achieve Q aims and objectives. The results were as follows:

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would basic quality improvement methodology training be beneficial to you or improvement leads you work with?</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Would you like advanced quality improvement techniques training?</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>Would you want access to the latest evidence of best practice in quality improvement through horizon scanning?</td>
<td>3%</td>
<td>97%</td>
</tr>
<tr>
<td>Would webinars from local/national/international experts be beneficial?</td>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>Would a database of improvement work across the region be useful?</td>
<td>6%</td>
<td>94%</td>
</tr>
<tr>
<td>Would a database of improvement work nationally be useful?</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>Would sharing projects which you can be involved in help reduce variation and improve quality?</td>
<td>9%</td>
<td>91%</td>
</tr>
</tbody>
</table>

The AHSN NENC was recently successful in securing additional funding which will support the following three Q initiatives:

- A programme of events to identify quality improvements using the network to aid delivery through communities of practice.
- A range of workshops, masterclasses and coaching to develop Quality Improvement capacity and capability across the NENC region.
- Synchronising improvement and innovation to enable connected experts to co-design evidence based, effective solutions to problems and better facilitate the spread and adoption of good ideas.

“I want to feel part of a network of QI specialists working towards improving healthcare.”
Ewan Maule, Northumberland NHS Foundation Trust

“I’m a researcher. I need to understand more about quality improvement. I want to see how research and QI can complement each other.”
Susan Hrisos, Newcastle University

“For me Q is about bringing like minded people to share knowledge and experience of quality improvement.”
Dr Jason Scott, Newcastle University

“The Q network offers the opportunity to get QI into research, to reduce variation and improve quality and patient care.”
Dr Susy Cook, Senior Programme Manager Quality Improvement, AHSN for the North East and North Cumbria

“I want to collaborate with others to identify pieces of safety work that we can work in collaboration with to prevent harm.”
Delcy Wells, County Durham & Darlington NHS Foundation Trust

“I am a researcher. I need to understand more about quality improvement. I want to see how research and QI can complement each other.”
Dr Richard Hixon
PATIENT SAFETY COLLABORATIVE

The Patient Safety Collaborative aims to improve the safety of patients and ensure that continual patient safety learning sits at the heart of healthcare. The programme is funded by NHS Improvement and is the largest and most comprehensive of its kind in the world. Regionally, AHSN NENC delivers this programme by:

SUPPORTING PROGRAMMES ON KEY NATIONAL PRIORITIES:

Due to the success of our previous projects, they were extended and converted into programmes. Our programmes support regional collaborations in Healthcare associated Infections (Sepsis and Community Acquired Pneumonia), Pressure ulcers, deteriorating in children (RESILIENCE), Acute Kidney Injury and behaviour change intervention (ThinkSAFE).

BUILDING CAPACITY: WE HAVE ESTABLISHED ACROSS AHSN NENC:

- A practitioner-led patient safety and quality improvement executive with representation from primary care and academia which has provided leadership in the North East and North Cumbria.
- A Patient Safety and Quality Improvement advisory board chaired by Professor Stephen Singleton, providing leadership and strengthening our links with North Cumbria. This advisory board has patient, secondary care, CCG and academic representation.

STAKEHOLDER ENGAGEMENT AND DISSEMINATION:

During August 2016, Dr. Mike Durkin, Director of Patient Safety at NHS England visited the AHSN. “THE NORTH EAST HAS A LONG HISTORY OF QUALITY IMPROVEMENT IN DIFFERENT ELEMENTS, SO IT IS FANTASTIC TO SEE THE ENERGY AND COMMITMENT TO LEAD THE REST OF THE COUNTRY IN THE WORK THAT THEY ARE DOING.” Dr. Mike Durkin, Director of Patient Safety at NHS England

On October 5th 2016 we held a Patient Safety and Quality Improvement event attended by over 200 healthcare professionals. This event aimed to celebrate the success of the PSC programmes as well as to launch the Q initiative in the North East and North Cumbria.

Opening the event Jim Mackey praised the work taking place in the North East and North Cumbria. He described the region as “A DRIVING FORCE AND PERFECT EXAMPLE OF HOW REMOVING ORGANISATIONAL BOUNDARIES CAN DELIVER SIGNIFICANT EVIDENCE-BASED IMPROVEMENTS TO PATIENT SAFETY AND QUALITY IMPROVEMENT.” Jim Mackey, Chief Executive, NHS Improvement

PROGRAMMES

SERIOUS INFECTIONS AND COMMUNITY ACQUIRED PNEUMONIA: In collaboration with the North East Quality Observatory Service and Clarity Informatics (local SME) at lead clinicians and nurses from 9 acute trusts developed an electronic system to measure the use of CAP and sepsis care bundles. So far, for example, teams know whether antibiotics have been given in a timely way to over 57,000 patients with CAP or sepsis. The team is currently working with Health Education England North East to agree regional screening, management and educational tools and ongoing contributions to regional data collection.

PRESSURE ULCERS: This programme brought together over 100 participants from 10 NHS Foundation Trusts, CCGs, care homes and Universities from the NENC delivering training to over 100 participants to reduce the prevalence of pressure ulcers. This programme achieved a reduction of 26% pressure ulcers prevalence. In collaboration with NHS England, the programme has now set up a train the trainer programme in Foundations Trusts and care homes.

FALLS PREVENTION: In its first phase, this multicentre quality improvement programme aimed to reduce in-patient falls and harm from falls within an acute trust setting. A FallSafe care bundle was developed and implemented in three trusts and adopted by the regional falls task force group. The second stage was to build capacity in other wards. Over 33,000 patients were screened for the bundle and 800 staff trained so far.

ThinkSAFE®: ThinkSAFE® is an approach that supports patients and family involvement in improving patient safety, in partnership with healthcare professionals. The approach includes a number of systemically designed and evidence-based components that are fully informed by and co-developed with service-user and frontline staff involvement. Supported by funding from the NENC AHSN, the approach has a dedicated website (http://www.thinksafe.care) where a range of ThinkSAFE resources and tools are publicly available for download by service-users. This funding also supported the development of an implementation package, designed in collaboration with five north east regional NHS Trusts and directly informed by their experience of implementing ThinkSAFE. Following additional investment by the NENC AHSN, we have now developed a business model of sustainability for ThinkSAFE that will further promote effective spread and implementation at scale whilst also protecting the fidelity of ThinkSAFE by ensuring its appropriate delivery.

ACUTE KIDNEY INJURY: This programme aims to promote consistent management of Acute Kidney Injury (AKI) across all Trusts within the Northern Region. A programme to raise awareness of AKI was developed and delivered to over 1000 staff across all the trusts in the region. An independent Clinical Informatics company that collects clinically important data across many hospital Trusts noted a 36% significant and sustained reduction in AKI cases within the surgical wards at South Tees Foundation Trust that coincided with the onset of their AKI programme. This programme has been shortlisted for a national Patient Safety Award and the team have begun passing on their AKI resources to clinical teams elsewhere in the country who have expressed interest in adopting their programme, such as North West Coast, London and Oxford AHSNs. The AKI programme is now focusing on developing strategies to support Primary Care teams to reduce patient harm due to AKI in the community and to harmonise AKI aftercare between hospital and community services. So far 12 CCGs are involved and over 600 staff has been trained. “The Trust's work on AKI improvement is certainly building interest from other trusts grappling with the same issues but lacking a practical roadmap, which Jon and his team have demonstrated very effectively.” Dr Mark Ratnarajah, Managing Director (UK).CRABTM Clinical Informatics Limited.

STAFF TRAINED

PATIENTS BENEFITED

48 PRIMARY CARE ORGANISATIONS SUPPORTED

over 150K PATIENTS

over 2,500 STAFF TRAINED

over 1,000 PATIENT RECORDS REVIEWED

over 36% reduction IN AKI INCIDENCE ON SURGICAL WARDS

over 57,000 PATIENT RECORDS ANALYSED

over 26% reduction OF PRESSURE ULCERS PREVALENCE

over 15,000 children and 100+ ORGANISATIONS INVOLVED

over 5,000 patients SCREENED

over 15 STAFF TRAINED
THE GREAT NORTH CARE RECORD

Potentially the most transformative work we can do right now in the NHS is to improve data sharing and activate patients and citizens in the management of their own health. Within CHC, a brand called the ‘Great North Care Record’ (GCNR) has been developed to support an NENC approach to information sharing for both ‘point of care’ and ‘secondary’ (planning, research) usage. The GCNR is developing a system which uses data from a variety of public-sector sources across the region, and a trade mark registration has been applied for in the name of AHSN NENC. Oversight of the programme is by the AHSN Board and the CHC Steering Group which is Chaired by the AHSN CEO.

AHSN LEADERSHIP OF CHC AND GCNR

As well as the intellectual property and Board oversight functions mentioned above AHSN NENC provide a range of specialist resource, including communications, clinical leadership and programme management, with skills and access to key opinion leaders that are unique to the complex subject matter.

The GCNR brand will ultimately be governed and developed for the public good of the population of the North East and North Cumbria. The honest broker role brought by the AHSN NENC has, in the early stages been crucial in getting the concept off the ground.

CONNECTED HEALTH CITIES AND THE DEVELOPMENT OF A GREAT NORTH CARE RECORD

AHSN NENC leads the Connected Health Cities programme in our region and has been instrumental in supporting the development of the concept that is the Great North Care Record.

CONNECTED HEALTH CITIES (CHC) is a three year programme funded by The Treasury as part of the Northern Powerhouse initiative. This first phase is a pilot to provide an evidence base for a ‘Learning Health System’ (LHS), with £4 million funding awarded to NENC.

CHC will develop ways by which we can, as a system, use data in a more timely manner to provide better, safer care and improved business intelligence for public sector organisations. In this first phase of CHC we are concentrating on working across the NHS, Local Authorities and universities. Upon completion of the first phase a Business Case will be submitted, using the findings from the pilots, for funding to scale the programme up across the region.

CHC is run by The Northern Health Science Alliance (NHSA). The NHSA is a partnership of NHS teaching hospitals, universities and Academic Health Science Networks across the North of England.
BRIGHT IDEAS IN HEALTH
AWARDS 2016

In 2016, we received almost 200 entries to the Bright Ideas in Health Awards which represents an increase of 100% since the creation of the AHSN. This increase highlights the increased awareness of innovation within the healthcare sector as a result of the support by the AHSN of innovation based activity within NHS organisations, alongside the great work being carried out by the Innovation Scouts at ground level. This is especially important since innovation undoubtedly transforms patient outcomes and is a route to overcoming the financial constraints currently being experienced within the NHS. Going forward, the new models of care initiatives such as the Vanguards will also provide further opportunities to exploit and accelerate the development and adoption of innovation.

1ST PLACE - IMPROVED IVF PROCEDURE EGG COLLECTION, PROFESSOR ALISON MURDOCH, THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

The IVF procedure involves the aspiration of follicular fluid from the ovary of the patient by means of a needle. Once collected, the follicular fluid containing the eggs is passed from the clinician to the IVF laboratory, where the eggs are processed by an embryologist. The inventor, in conjunction with The Newcastle upon Tyne Hospitals NHS Foundation Trust and Labman Automation Limited, has developed a system for ensuring a sterile and optimal environment for the collection of eggs, which facilitates the more efficient time management of both the embryologist and the clinician.

2ND PLACE
Fixation Device for Use in Ophthalmic Imaging, Nicholas Gray, County Durham and Darlington NHS Foundation Trust

3RD PLACE
Patient Slide Sheet, Diane Hindson, County Durham and Darlington NHS Foundation Trust

HIGHLY COMMENDED
Ventricular Assist Device Cartoon Character Vest, Catherine Forster, The Newcastle upon Tyne Hospitals NHS Foundation Trust

2016 SPONSORS
Academic Health Science Network North East and North Cumbria, RTC North Limited, NIHR Clinical Research Network North East North Cumbria, South Tees Hospitals NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, Healthcall, North East Quality Observatory System, North East Commissioning Support Unit, Archer IP, Sintons LLP, Quadrus Events, Onyx Health, NENC Patient Safety and Quality Improvement Forum, North East Futures UTC, Northumbria University and Northern Health Science Alliance.
Sheinaz Stansfield, Practice Manager
GP practices are currently required to have a patient participation group. However, it was felt that these can be of limited value and do not provide patients with the opportunity to engage in service redesign or corporate decision making. As a result, Oxford Terrace and Rawling Road Medical Group became involved in developing patients as volunteer Practice Champions. They now have thirty nine patients recruited and trained to provide support to the GP practice, other patients, and the broader community, with the aim of taking a population health and wellbeing approach to the provision of GP services.
The financial position of the AHSN has remained strong throughout 2016/17, with reported income in excess of £3 million and financial balance achieved.

Expenditure across work programmes is set out in the table below and the narrative around these programmes is described in detail in earlier sections of this report.

<table>
<thead>
<tr>
<th>Work Programme</th>
<th>Expenditure £000</th>
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<tbody>
<tr>
<td>Economic Growth</td>
<td>917</td>
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<tr>
<td>Health Improvement</td>
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<td>Quality Improvement &amp; Patient Safety</td>
<td>725</td>
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<td>Connected Health Cities</td>
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<td>AHSN-Wide stakeholder engagement</td>
<td>197</td>
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<tr>
<td>Governance and Delivery</td>
<td>465</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>£3,048</strong></td>
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