

2020/21

Impact

review

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Find out inside about our impact in the Eastern region and beyond

Eastern AHSN 

Eastern AHSN

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Making an impact



Looking back on an extraordinary year, we are pleased with how much practical support Eastern AHSN was able to offer to our regional health and care system in the East of England, despite the pressures of the two waves of Covid-19 and the months spent under lockdown. We have also deepened our collaborations with our partners in the health and life sciences industries, leveraging their direct support to the NHS and supporting the introduction of their innovative products and solutions.

At the start of the pandemic, we mobilised our staff to support the rollout of telephone, online and digital consultation in

primary care within just a few weeks. This included distributing £3 million worth of hardware, including 4,500 laptops, and working with Astra Zeneca, which kindly volunteered its field teams to help us quickly train NHS staff to conduct [safe virtual consultations](#). Some of our staff with clinical qualifications returned to frontline duties for a while, and we supported an extensive rollout of remote technology to more than 200 care homes in the region to enable them to monitor residents' vital signs. This helped managers to know when it was safe to care for residents in the home setting and when GP or emergency medical resources were needed. In the autumn, we also supported the wide roll-out of home oximeters to people across the East of England, contributing to a virtual ward arrangement where people with Covid-19 could self-monitor to check whether they needed an emergency hospital admission, facilitating safe discharge earlier. We also supported the recruitment of volunteers to assist in the vaccine roll-out across the East of England.

Much has been written about how, in the face of the pandemic, the NHS was able to achieve levels of beneficial service and technology transformation in a period of just a few weeks that would normally have taken many years. Innovative technologies were adopted at pace because of the need to manage infection risk, but in many cases these technologies have saved valuable clinician and patient time and the need for administrative support that could be better directed elsewhere. Many of these innovations are here to stay, and their success has driven the reflection that technology-driven service change will be essential in helping the NHS to address the long wait lists and potential unmet need that has built up in non-Covid illness over the past year. We are also mindful though of the consequences of digital exclusion and will be looking at how we can direct our work to assist excluded communities in a more targeted way.

With change in mind, we held our first online event in partnership with NHS England and NHS Improvement to showcase innovative ways of looking after patients in our region during the pandemic, with notable examples being the virtual orthopaedic rehab clinics run in Cambridgeshire and Peterborough and the teledermatology service in Suffolk. We have also supported, with Yale University, an evaluation of the innovative *Covid Protect* service, which was devised to proactively offer support to people in Norfolk and Waveney who were shielding and had been identified as vulnerable. This engaged more than 50% (22,894) of the target group and triggered over 12,000 calls to action for support.

Finally, we are delighted with the successes achieved by our partners in our longer-term collaborations. We are supporting GPs in Great Yarmouth to pilot *EarlyCDT Lung*, a simple blood test to detect autoantibodies associated with lung cancer that can be done in primary care in high-risk populations. It has identified [277 people for triage into CT scanning](#), and Suffolk and North East Essex ICS has agreed to support the adoption of four innovations in cardiac and primary care. Both these achievements were

“Technology-driven service change will be essential in helping the NHS to address the long wait lists”

facilitated by our new innovation managers hosted by the ICS, and we hope to further these arrangements

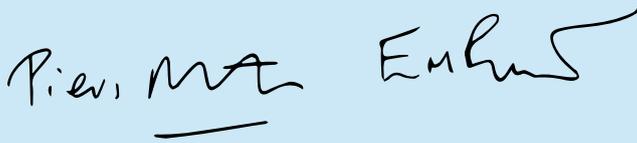
“We are in awe of the expertise, energy and dedication of our community in responding to the pandemic”

next year. Our Health Data Research Hub *Gut Reaction* has passed its second milestone and secured substantial commercial support, and we secured two new collaborations with the pharmaceutical industry that will support investigations into [persistent depression](#) and the education of specialist nurses in [lysosomal disease](#).

Piers continued to chair the AHSN Network throughout the year (you can read about our collective achievements on the [AHSN Network website](#)) and we are grateful to the senior management team at Eastern AHSN for stepping up to enable him to respond to a request to lead a diagnostics innovations

team at NHS Test and Trace over the summer and autumn. He was part of the team that secured funding for the development of new lab-based and mobile testing technologies and supported the expansion of the UK's world-leading genomic testing capability.

We are in awe of the expertise, energy and dedication of our community in responding to the pandemic and our thanks go to the whole team at Eastern AHSN and all our partners for their collaborative efforts and successes over the past year that you can read about in this review.



Piers Ricketts
Chief Executive

Elisabeth Buggins
Chair

Putting cardiovascular disease at the heart of health services

© CENTRE FOR AGEING BETTER



Dr Mike Knapton, Clinical Advisor at Eastern AHSN, highlights our work to improve heart health in our region. Mike is a Non-Executive Director of Cambridge University Hospitals NHS Foundation Trust and was a local GP. He was also Associate Medical Director at the British Heart Foundation from 2006 to 2018

Our national adoption and spread programmes



The AHSN Network deliver the adoption and spread of programmes, selected by our commissioners, which have been shown to be effective at improving patient outcomes in piloted areas of the country. In this impact review we provide updates on three of our programmes from 2020/21 which we have been

Hearth and circulatory diseases, also known as cardiovascular disease (CVD), cause a quarter of all deaths in the UK¹ and are the most significant cause of premature mortality in deprived areas. The NHS Long Term Plan highlighted CVD as the single biggest area where the NHS can save lives over the next 10 years².

A regional approach

Addressing the CVD challenge locally requires a review of patient pathways across the region and identifying opportunities for reducing health inequalities as well as improving the integration of services, particularly for people with multiple long-term conditions.

This year, we have facilitated regional workshops and held focus groups with key stakeholders who share our ambition for preventing CVD. This included clinicians, commissioners, providers and the Genomics Laboratory Hub (GLH), which helped us map stakeholders and identify best practice and existing care pathways. Due to the success of this collaboration, we were able to lead the development of a shared CVD prevention action plan for the region and gain support to implement it from Public Health England and NHS England and NHS Improvement.

Working with Cambridge University Hospitals NHS Foundation Trust, we also delivered a series of online seminars to increase the understanding and discussion of CVD-related issues. More

implementing across the East of England: our cardiovascular disease (CVD) programme, Focus ADHD and improving the diagnosis and treatment of eating disorders in young people.

than 300 healthcare professionals have attended these so far from across the East of England and we are continuing the series into 2021.

Building on this community engagement, we have implemented the adoption and spread of three nationally proven CVD programmes across the region as follows:

- Diagnosis of familial hypercholesterolemia (FH)
- Optimising lipid management medications in people with high cholesterol
- Improving the diagnosis of atrial fibrillation (AF), which builds on our ambition to reduce avoidable strokes, which we have been working on since 2018

Increasing the detection of familial hypercholesterolemia

Familial hypercholesterolemia (FH) is an inherited condition due to a faulty gene, which interferes with how the liver removes low-density lipoprotein (LDL) cholesterol (which contributes to fatty buildups in arteries) from the body. FH affects around 1 in 250³ of the UK population. People with FH are born with high LDL cholesterol. Cholesterol levels tend to rise with age, but people with FH have LDL levels that start high and increase over time, which means that, if untreated, they will develop heart disease at an early age. There are approximately 50,000 children with FH in the UK. Currently only about 1% of these have been identified and are under paediatric care⁴.

This year, we started a new national programme to partner with clinical commissioning groups in our region to pilot and evaluate a child-parent screening service for FH. As part of this pilot, children will be tested for the condition in routine immunisation visits to their GP. If they are found to carry an FH gene, they can benefit from preventative lifestyle advice, as well as treatment to reduce LDL levels to help avoid future disease. Additionally, both parents and siblings are then tested to determine if they also have the condition so that they can get treatment. Research shows that child-parent screening for FH identifies approximately one new case per 70 children⁵ screened and we hope to have data on the impact of our pilot by October 2021.

“Eastern AHSN is one of our key regional partners in the collective efforts to prevent cardiovascular disease in the East of England”

– Sara Godward, Consultant in Public Health and CVD Prevention Lead, Public Health England (East of England)

David Wald, Professor of Cardiology at Barts Heart Centre:

“Identification leads naturally to cascade testing to other family members besides the parent and has the potential to prevent about 3,500 heart attacks under the age of 50 each year in England.”

Early detection, through new models of care, will lead to early treatment that can give people with FH the same life expectancy as the general population⁶. Without this treatment, studies estimate that 50% of men with FH will have a cardiac event by the age of 50 and 30% of women by age 60⁶.

We led a bid for funding from NHS England and the AHSN Network that enabled us to develop support resources and secure 40 GP practices to pilot the programme from April 2021. It involves practices across our region, including in Norfolk and Waveney, Suffolk and North East Essex and Hertfordshire and West Essex Integrated Care Systems (ICSs). Eastern AHSN has also agreed to build on this work by facilitating a regional *FH Alliance* with the Genomic Laboratory Hub.

Optimising lipid management to prevent cardiovascular events

Lipids are blood fats, called cholesterol and triglyceride. Patients with high cholesterol are at increased risk of cardiovascular events such as heart attacks, stroke and vascular dementia.

This year, we started the regional rollout of the National Institute for Health and Care Excellence (NICE) approved clinical pathway for managing lipids to reduce the risk of hospital admissions and re-admissions due to heart disease.

To achieve this, we are working with NHS providers and primary care to optimise treatment options for people with high cholesterol and reduce health inequalities by ensuring a

Click here
to learn more
about the drugs

on the lipid management pathway

consistent, approach to lipid management. We supported Cambridge University Hospitals NHS Foundation Trust to establish a lipid clinic, with funding secured via the NHS Accelerated Access Collaborative for two full-time specialist nurses, who will work across secondary care specialities, and two GP surgeries to identify and test people at risk of cardiovascular events.

In October, we ran a regional event to educate more than 30 colleagues in primary and secondary care about available lipid management drugs and their eligibility criteria. We continue to work with primary care networks serving our most deprived populations to identify high-risk patients.

Dr Paul Flynn, Consultant Physician in Acute and Metabolic Medicine and Clinical Lead for the Lipid Clinic at Cambridge University Hospitals NHS Foundation Trust, said: "I am hugely grateful to the Eastern AHSN team for their support in improving cardiovascular risk management across the region. They have brought together the whole clinical community to deliver a programme that will make a huge difference for patients with high cholesterol levels and save lives."

Reducing avoidable strokes through better detection of atrial fibrillation

Atrial fibrillation (AF) is the most common type of irregular heart rhythm and increases the risk of stroke, leaving survivors with disabling consequences. Around 200,000 people in the UK develop AF each year⁷. Detecting AF early and making sure people are given optimal treatment – usually blood-thinning medication to prevent clots (anticoagulants) – reduces the risk of stroke by two-thirds.

We started the rollout of a national AF programme in 2018 and have continued to support its sustainability across acute providers and primary care. In 2019/20 a further 14,280 people in our region were newly diagnosed with AF, although this data hasn't been collected in 20/21. The AHSN Network has produced an **AF Toolkit** to provide methodologies, resources and support for commissioners and clinicians working to reduce AF-related strokes.

¹ British Heart Foundation. (2021). UK Factsheet. Available: <https://www.bhf.org.uk/-/media/files/research/heart-statistics/bhf-cvd-statistics---uk-factsheet.pdf>. Last accessed 28/04/21.

² NHS England. (2019). The NHS Long Term Plan. Available: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>. Last accessed 28/04/21.

³ British Heart Foundation. (2021). Familial hypercholesterolaemia (FH). Available: <https://www.bhf.org.uk/information-support/conditions/familial-hypercholesterolaemia>. Last accessed 28/04/21.

⁴ Ramaswami, U. et al. (2019). Current management of children and young people with heterozygous familial hypercholesterolaemia - HEART UK statement of care. *Atherosclerosis*. 290 (1-8)

⁵ Wald, DS, Bestwick, J. P., Morris, J. K. et al (2016). Child-parent familial hypercholesterolemia screening in primary care. *The New England Journal of Medicine*. 375, pp1628-1637

⁶ Public Health England. (2018). Improving the diagnosis and treatment of familial hypercholesterolaemia. Available: <https://publichealthmatters.blog.gov.uk/2018/08/14/improving-the-diagnosis-and-treatment-of-familial-hypercholesterolaemia/>. Last accessed 28/04/21.

⁷ Martinez C, Katholing A, Wallenhorst C, et al. (2015) Increasing incidence of non-valvular atrial fibrillation in the UK from 2001 to 2013. *Heart* 2015;101:1748-1754

References



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● Get involved

Find out more about how you can get involved in our cardiovascular disease (CVD) prevention programme by visiting the Eastern AHSN [website](#).

FREEDom from eating disorders



Dr Jaco Serfontein, Consultant Psychiatrist in Eating Disorders at Cambridgeshire and Peterborough NHS Foundation Trust, explains how Eastern AHSN is ensuring young people get the treatment they need within a critical time window

Eating disorders are serious mental illnesses that involve extreme concern about eating, weight or shape, plus disordered eating. It is estimated that around 1.25 million people in the UK have an eating disorder¹. Most eating disorders develop during adolescence. They are estimated to affect one in seven women over their lifetime and they have the highest mortality rates of any mental health disorder².

Research tells us that we should try and reach someone with an eating disorder with support within the first three years of their illness as this window for early effective intervention is when changes to their body, brain and behaviour are more easily reversed. After three years, eating disorder symptoms tend to become hard-wired in the brain which means it gets harder to make changes and there may be long-lasting consequences^{3,4}.

There are three main reasons for this:

- 1** For anorexia nervosa in particular, illness duration is a key predictor of treatment outcomes. Outcomes are best with duration of illness less than 3 years.
- 2** Growing evidence suggests that eating disorders are associated with significant structural and functional brain changes. Eating disorder behaviours are initially rewarding, then habitual and then neurocognitively engrained.
- 3** Because eating disorders typically develop in adolescence and young adulthood, when the brain is still developing, these brain changes have potential to disrupt brain maturation.



FREED – Inspiring change through early intervention for eating disorders

The importance of early intervention



Simon Brown is the patient and public involvement representative for the FREED programme:

“Eating disorders are so devastating because as you get deeper into the illness it gets harder and harder to leave it behind and engage in your treatment. That’s why it’s so important for young people to get tailored treatment as early as possible.

“The tragedy of this illness is not just the loss of life, but also the loss of potential. My daughter, Emma, was a force of nature; gifted academically and a

There are two key things that stop early intervention for eating disorders: difficulties spotting the illness early and difficulties getting help. That is why the AHSN Network is working with local NHS systems across the country to address both sets of difficulties by embedding the *First episode Rapid Early intervention for Eating Disorders (FREED)* service model and care package. The *FREED* programme aims for 16 to 25-year-olds with suspected anorexia nervosa, bulimia nervosa or binge eating disorder who have had the condition for less than three years to be triaged within 48 hours of the referral and begin treatment within four weeks. This approach has been found to improve the quality of life and reduce the severity and longer-term impact of eating disorders on patients and families⁵.

FREED is designed to meet the specific needs of young people in the early stages of an eating disorder and complements rather than replaces existing services and treatments. It emphasises early, proactive engagement with both the individual and their families while paying particular attention to the effects of eating disorders on the brain, the impact of social media use, and transitions into adulthood (out of school, to university, into work).

Across the East of England, Eastern AHSN has taken a coordinated system-level approach to the adoption and spread of *FREED*. I am the clinical advisor for the programme, and we began by assembling an implementation group to bring together NHS bodies, commissioners, integrated care system leads, clinicians and patients to shape our strategy. We are ahead of schedule to embed a *FREED* champion to lead the adoption of the programme in each of the five eating disorder services that cover our region throughout summer 2021. We have also established a community of practice to provide peer support and enable collaboration between *FREED* champions and service managers. The group has already found ways to work more effectively together by developing shared innovative solutions and materials to support the roll out.

Ensuring we reduce health inequalities as we embed the programme was identified early on as important and to ensure this, we have completed equality impact assessments for each site. Additionally, the Eastern AHSN team has been working with their neighbouring AHSNs to ensure that *FREED* services in our region are connected with those in surrounding regions.

Over the next year, we will continue to be working to ensure all young people in the region are able to rapidly access support and treatment for eating disorders. Eastern AHSN continues to provide programme support to the *FREED* programme and we are working with commissioners and NHS England and NHS Improvement to ensure the long-term sustainability of the service.

talented runner being trained to become an Olympic-level athlete. Despite this, right up until she passed away, her life was dominated by an illness she was afraid of recovering from.

“*FREED* is the best chance we have of enabling people to recover or manage their condition and live a happy and healthy life. It gives me hope that we can provide young people with effective help quickly to reduce the impact of eating disorders and save lives.”

¹ Beat Eating Disorders. (2021). How Many People Have an Eating Disorder in the UK?. Available: <https://www.beateatingdisorders.org.uk/how-many-people-eating-disorder-uk>. Last accessed 28/04/21.

² Priory. (2020). Eating Disorder Statistics. Available: <https://www.priorygroup.com/eating-disorders/eating-disorder-statistics>. Last accessed 28/04/21.

³ Brown A, McClelland J, Boysen E, Mountford V, Glennon D, Schmidt U (2016). The *FREED* Project (first episode and rapid early intervention in eating disorders): service model, feasibility and acceptability. *Early Intervention in Psychiatry*, 12, 250-257.

⁴ McClelland J, Hodsoll J, Brown A, Lang K, Boysen E, Flynn M, Mountford VA, Glennon D, Schmidt U (2018). A pilot evaluation of a novel First Episode and Rapid Early Intervention service for Eating Disorders (*FREED*). *European Eating Disorders Review*, 26, 129-140.

⁵ NHS England (2015). Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guide. London: NHS England. 15. Available: <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf> Last accessed 28/04/21.

References



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● If you'd like to know more...

Find out more about the *FREED* programme on our [website](#)

The ADHD puzzle -

helping children get a validated diagnosis faster

Six benefits of the QbTest

Patients whose clinicians have access to the QbTest report are **44% more likely** to receive a diagnostic decision **within 6 months** and the likelihood of correctly excluding ADHD **in the first 6 months is doubled³**

Optimise treatment decisions **objectively**



Dr Venkat Reddy, Neurodevelopmental Paediatrician at Cambridgeshire and Peterborough NHS Foundation Trust, explains Eastern AHSN's programme to improve ADHD assessment for children and young people in our region

Attention Deficit Hyperactivity Disorder (ADHD) is diagnosed through analysis of behaviour. It is more likely to affect boys than girls, with an estimated prevalence in the UK of 3.6% and 0.9%, respectively¹. Although no two people with ADHD are the same, they show a persistent pattern of inattention and hyperactivity and impulsivity that interferes with day-to-day functioning and/or development. However, not everyone with ADHD gets a diagnosis of the condition, which affects their chance of receiving treatment and support. Without treatment, ADHD can significantly impact personal development, academic outcomes, mental health, and relationships.

There are no laboratory tests, such as blood or urine, that diagnose ADHD. The diagnosis of children is often subjective and reliant on observation and anecdotal input from parents and teachers in addition to clinical interviews and rating scales. Notably, according to some studies, doctors are able to identify ADHD more easily in males², which might in part explain the greater prevalence of male diagnosis. This may be because females tend to have different predominant

Release between
20% and 33% in
clinical workforce
time⁴

**Enhance
communication**
and clarify objective
measures diagnosis
is based on with
patients and
their families

Better identify girls
with **ADHD** who
**don't exhibit or
mask symptoms**

Save the NHS
**£343 per
diagnosed
ADHD patient**
on average

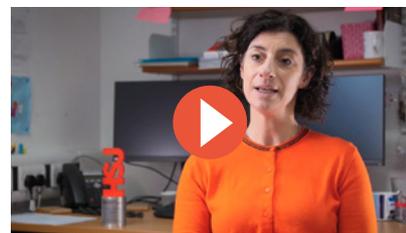
the behaviours typically associated with it such as hyperactivity. The NHS spends an estimated £23 million a year on diagnosing ADHD and, on average, it takes 18 months for a diagnosis in the UK. Reducing the diagnosis time could not only reduce this cost to the NHS but also ease the personal emotional costs on young people and their families.

Eastern AHSN is working to deliver a new national adoption and spread programme that aims to transform the diagnosis of ADHD regardless of gender. The *Focus ADHD* intervention uses an evidence-based digital assessment tool called *QbTest*, created by health technology company Qbtech Ltd (which also developed *QbCheck* for use in non-clinical settings). *QbTest* uses a headband, motion-tracking camera and stand to observe and measure three of the critical symptoms of ADHD: attention, impulsivity and motor activity all at the same time. Data is compiled instantly into a report comparing an individual's results against a normative dataset based on age and gender, which is designed to be added into the assessment process by a clinician, along with a clinical interview and rating scales. A 2017 evaluation found that 94% of clinicians reported a greater understanding of patients' symptoms having used the test, and 85% of patients surveyed suggested that the test helped them to understand their symptoms better. The *QbTest* provides clinical teams with objective data to inform their decision about ruling in or ruling out ADHD. Click on the buttons, left, to find out how.



I have been using the *QbTest* with patients for a few years now and, with this data, I am often able to rule in or out ADHD at the first appointment with a child. As I was experienced with the test and challenges of diagnosing the condition, I was invited by Eastern AHSN to be a clinical advisor for the programme.

We kicked off the programme in April 2020 by bringing together 20 key stakeholders to share the objectives of our national programme and how the *QbTest* works and listen to their feedback and local insights. Working closely with five sustainability and transformation partnerships (STPs) in the region, the AHSN team identified a service within each locality to be in the first wave of adopters, which would be empowered to support



East Midlands – Improving the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in children

later adopters in the region. Given the pressures the healthcare system faced as a result of the coronavirus pandemic, the Eastern AHSN team has been fantastic in keeping us on track, and we are still on target for seven services across the region to offer these tests to children from June 2021.

In order to support the rollout in Hertfordshire, we worked with the STP to redesign the pathway for ADHD to include the *QbTest* and are working with Herts Valley Clinical Commissioning Group (CCG) to co-fund a pilot to test this new pathway. Hertfordshire was chosen for this pilot because the

¹Holden, S., Jenkins-Jones, S., Poole, C. et al. (2013). The prevalence and incidence, resource use and financial costs of treating people with attention deficit/hyperactivity disorder (ADHD) in the United Kingdom (1998 to 2010). Available: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3856565/#:~:text=Attention%20deficit%2Fhyperactivity%20disorder%20\(ADHD\)%20is%20common%20and%20more,%2DIV%20criteria%20%5B1%5D](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3856565/#:~:text=Attention%20deficit%2Fhyperactivity%20disorder%20(ADHD)%20is%20common%20and%20more,%2DIV%20criteria%20%5B1%5D). Last accessed 04/05/21.

²Quinn, P. O. and Mahdoo, M. (2014). A Review of Attention-Deficit/Hyperactivity Disorder in Women and Girls: Uncovering This Hidden Diagnosis. Available: <https://>

³Hollis C. et al. (2018). The impact of a computerised test of attention and activity (QbTest) on diagnostic decision-making in children and young people with suspected attention deficit hyperactivity disorder: single-blind randomised controlled trial. *Journal of Child Psychology and Psychiatry*. Available: <https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.12921> Last accessed 28/04/21.

⁴NIHR CLAHRC East Midlands and the East Midlands Academic Health Science Network (EMAHSN). (2018). ADHD care in the East Midlands. Available: <https://emaahn.org.uk/our-work/innovations/focus-adhd>. Last accessed 28/04/21.

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QbTest was already more embedded where I work in Cambridgeshire and Peterborough, and it was, therefore, a great opportunity to address potential health inequality in the region.

To support the long-term improvement in services, we have also helped establish a regional community of practice for clinicians and service managers that provides peer-to-peer support and practical advice to help implement change.

Despite the added pressures of the pandemic, Eastern AHSN has already made a real impact on the lives of patients and their families by bringing the neurodevelopmental community in the region together to overcome the challenges of diagnosis. I look forward to working with them to expand the rollout of the testing so that all patients in the region are able to access it.

Living with ADHD



Dr Annie Clements, (Hons) Founder of Autism and ADHD, gives her insight into living with ADHD:

“I was only diagnosed with ADHD when I got

a test after my son was diagnosed. In many ways, both mine and my son’s diagnosis came as a relief. It answered so many questions and relieved confusion over why there were so many things that it appeared I ‘couldn’t do’, in spite of my level of academic ability, which definitely impacted on my self-confidence and sense of self that I had lived with into my 40s. Growing up without a diagnosis can be very

difficult, as children struggling with concentration, organisation and social situations don’t get the support and understanding they need, which has both a personal emotional and system cost.

“All too often, undiagnosed young people are written off as being badly behaved and there are still many people who think ADHD doesn’t exist, or that ADHD won’t even be considered if a child has experienced trauma. Also, as with other neurodivergent profiles, it can be referred to as getting a ‘label’, and why would you want to ‘label’ a child?”

Phrases such as “they are doing well academically” or “it won’t lead to more support” are common, but it is missed that this ‘label’ is actually part of our identity. It relates to far more than our ability to achieve in school, and many are left confused and isolated, struggling to understand this sense of ‘failing in life’. It is so valuable to have a recognised diagnostic test that enables children to get the right diagnosis faster so that they can get the care and understanding they need – I wish I had been able to benefit from it as a child.”

“In many ways, both mine and my son’s diagnosis came as a relief as it answered so many questions”

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● Interested in piloting the test?

Learn more about the Focus ADHD programme on the [Eastern AHSN website](#) and get in touch with Andy Foster, Senior Advisor at Eastern AHSN at andy.foster@eahsn.org if you are interested in piloting the test.



Championing patient safety during a pandemic

Caroline Angel, Director of Patient Safety at Eastern AHSN, highlights the key activities from Eastern AHSN's Patient Safety Collaborative in 2020/21

[Click here to Read more about our work rolling out telehealth in our region](#)

Patient Safety Collaboratives (PSCs) play an essential role in implementing safer care initiatives across the system, working in acute, non-acute and community settings to quickly share and spread evidence-based practices, products and tools. The PSCs are a joint initiative, funded and coordinated nationally by NHS Improvement and delivered locally by the AHSN Network.

Clinical staff across the healthcare system showed an amazing willingness to go above and beyond their usual roles in response to the pandemic, including members of our own team, who voluntarily took frontline and logistical roles within the region. Ensuring that the workforce had the right skills and tools to deal with COVID-19 patients was vital.

COVID-19 forced healthcare providers to rapidly review almost every activity and piece of equipment within a clinical setting, right down to the layout of wards as increased infection control and social distancing became an immediate priority. This meant that many traditional ways of working were no longer possible, particularly as GPs were restricted from visiting care home residents because of the risk of infection and cross-contamination between patients and sites.

Eastern AHSN built on our existing safety improvement programmes to address these challenges through staff training and the rapid acceleration of our drive to make better use of telehealth.

Since 2019, we have been working with providers across the East of England to embed tools to better identify and respond to the deterioration of a patient's condition (including *NEWS2*, *Soft Signs* and *SBARD*) into local acute and community care settings. We worked with clinical commissioning groups (CCGs) in our region to combine the use of these tools with telehealth, to enable care home staff to calculate patients' scores and escalate them to a clinician using a structured communication



This animation will inform you about COVID-19, how to measure your oxygen levels (using a pulse oximeter), what the danger signs to look out for are and when to seek urgent help.

What is NEWS2 and SBARD?



NEWS2 – National Early Warning Score 2: a standardised tool used to identify and escalate a deteriorating patient, by measuring a set of key physiological parameters.

SBARD – Situation, Background, Assessment, Recommendation and Decision: a framework to guide structured communication of a patient's condition when handing over from one staff member to another.

tool. We have also included GPs in our training, enabling digital ward rounds and allowing them to deliver care remotely.

We were able to use webinars to train more than 100 members of care home staff and GPs to use the system, which has already been adopted across ambulance and secondary care, and we will be evaluating the impact of this work over the summer. It's been incredibly heartening to see such progress in breaking down silos across care settings during such a challenging time, which is testament to the amazing and committed staff we have across health and social care.

Oximetry at Home

As our understanding of the virus evolved, so did our support for those providing care to COVID-19 patients. It was identified that many vulnerable COVID-19 patients presented at hospital with very low, and sometimes fatal, oxygen saturation, but no accompanying severe symptoms of breathlessness¹. To address this, the Patient Safety Collaboratives, NHS England and NHS Improvement developed the COVID *Oximetry at Home* pathway to enable the remote monitoring of individuals with confirmed or suspected COVID-19 using a pulse oximeter to measure oxygen saturation in the blood.

As the programme rolled out rapidly in primary care, PSCs were asked to support acute hospitals to implement virtual wards. This, again, used a pulse oximeter to safely monitor patients recovering from COVID-19 at home or in care homes, allowing earlier discharge of patients.

As Dr David Gannon, Lead Acute Physician at Colchester General Hospital, reflects: "The programme allowed many people to recover in the comfort of their own home with confidence and it allowed for timely identification of people who required further assessment and admission because of a fall in their blood-oxygen level.

"One of the first patients to benefit was a lady who had spent eight days in hospital. She started crying when I told her she could go home with virtual ward

support and oxygen weaning. She had missed her family very badly and couldn't believe they could be reunited so quickly."

We supported primary and secondary care colleagues to rapidly implement the service, being a critical friend to systems and sharing good practice and learning from across the country. We hosted a series of webinars and training sessions to support the rapid uptake of the *Oximetry at Home* and virtual ward models. By the end of March 2021, the programme was successfully rolled out across all our CCGs and all but one acute trust in the Eastern region.

Dr Melanie Iles, Medical Director, System Improvement and Professional Leadership (East of England) at NHS England and NHS Improvement:

"Working collaboratively with Eastern AHSN, we were able to quickly implement COVID oximetry and COVID virtual hospitals. The supportive approach of the PSC really benefitted the whole East of England health system."

Ensuring safe tracheostomy care

Eastern AHSN's PSC worked with the *National Tracheostomy Safety Project (NTSP)* to embed elements of a toolkit to support healthcare staff assigned to care for patients with tracheostomies.

A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe. The COVID-19 pandemic saw a sharp rise in patients requiring relatively prolonged ventilatory support, many of whom have required temporary tracheostomies and were often not cared for in permanent,

Did you know?

We helped NHS North East Essex Clinical Commissioning Group with its COVID *Oximetry at Home* programme, which saw 1,500 oximeters distributed across its local services.

More than 4,566 patients were monitored through the COVID *Oximetry at Home* pathway from 1 Nov 2020 to 28 Feb 2021

Improving maternity care



Part of the Maternity and Neonatal Safety Improvement Programme, the Preventing Cerebral Palsy in Pre-term Labour (*PRECePT*) programme

established intensive care unit settings.

The toolkit gives information, practical resources and links to useful online training videos and websites to ensure staff have the right skills and knowledge to appropriately care for these patients. Working individually with the acute hospitals in the region, we supported the tracheostomy care leads and critical care training lead nurses to rapidly review the toolkit against current policies, with all sites within our network in the East of England confirming adoption of the three safety interventions. This was a priority during the first wave of COVID-19 because of the anticipated high volumes of patients requiring a tracheostomy.

¹ Richardson S, Hirsch J S, Narasimhan M, et al. (2021). Remote management of COVID-19 using home pulse oximetry and virtual ward support. *BMJ*. 372:n677

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aims to ensure mothers going into labour before 30 weeks are offered a dose of magnesium sulphate, which costs just £1 and reduces the risk of cerebral palsy.

Despite the pandemic, we worked with all 11 maternity units across the region to successfully maintain the excellent 86% rate achieved last year.

If you are interested in patient safety in our region and would like to get in touch, contact **Caroline** at caroline.angel@eahsn.org

● Learning from experience

Care during a crisis: Learning from the military-style NHS response to COVID-19

– Tania Holland, Quality Improvement Project Manager

Four things I learned working on the intensive care ward during COVID-19

– Tara Marshall, Clinical Lead for Deterioration

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From seed to growth: securing investment and scaling up



What do you need to secure investment and grow your business? We asked two innovators we have worked with in 2020/21 to tell us their stories.

We know how important it is for innovators to access capital to develop your ideas and scale your business, but with so many options out there, where do you start and who should you trust?

Eastern AHSN helps our partners to focus their efforts on funding sources which are right for them and help them write winning applications. We can facilitate partnerships with commercial organisations or investors and connect innovators with appropriate entrepreneurship schemes.

We spoke to two innovators we have supported to secure significant investment in 20/21 about their experiences and tips for others looking at funding options.



Dr Chris Evans is Creator of the Little Journey app

The Little Journey is a preparation and support tool to help reduce anxiety in children getting ready for healthcare procedures and surgery, including a smartphone app that uses VR to familiarise them with the hospital. It has been adopted across more than 60 hospitals to date.

We've been working with Eastern AHSN for a few years now and they've really helped us understand where we can

grow and how to get there. We have had great traction in acute care settings, but when my team attended the scale-up academy run in partnership between Eastern AHSN and Cartezia (and sponsored by the AHSN) it really helped us realise the potential for our innovation and how we could refine our value proposition to help us expand into primary care services and life sciences.

As a result, we've been able to engage a contract research organisation and pharmaceutical partners to use Little Journey to support children who are taking part in a clinical trial across 11 countries and in

different care settings. This funding has allowed us to redevelop the app to be much more flexible so providers can tailor it to the needs of their patients. We are learning from each organisation we work with and applying that learning constantly to benefit everyone.

We were delighted to be accepted onto the NHS Innovation Accelerator (NIA) in March 2021 with support from Eastern AHSN. The NIA is delivered in partnership with NHS England and the AHSNs and supports uptake and spread of proven, impactful innovations across England's NHS, benefitting patients, populations and NHS staff. Being accepted onto the programme

comes with funding and mentoring and has helped build our profile. I am also part of a peer network of NIA

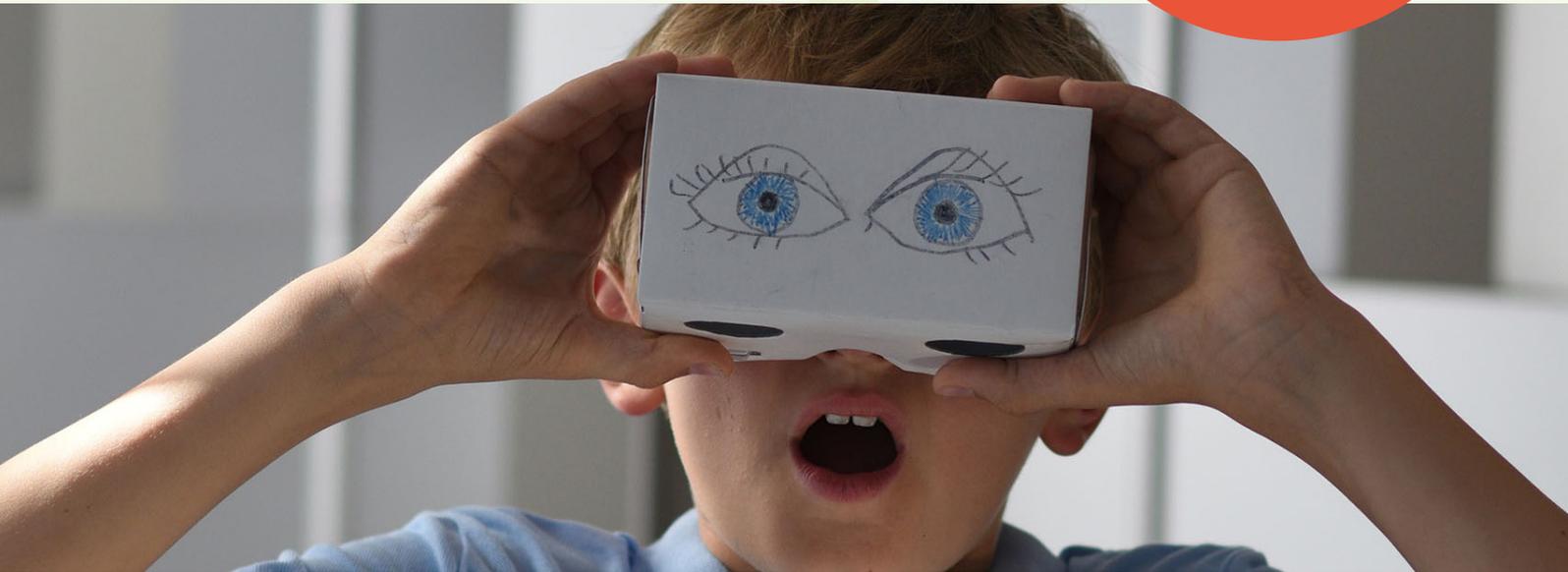
“We've been working with Eastern AHSN for a few years now and they've really helped us understand where we can grow and how to get there.”

Fellows keen to learn from each other.

A large part of the evidence base came from the evaluation Eastern AHSN conducted in 2019 and the ongoing support the team have given us has been really helpful in developing and proving the sustainability of the business, which was important in our application.

Accessing funding can be hard and it won't come overnight. As a clinician it was somewhat of a new world to me but over a sustained period of support from Eastern AHSN we've been introduced to investors and NHS stakeholders, aided with successful applications to accelerator programmes and been supported in so many ways that I didn't fully realise the value of at the time, but can now see were fundamental in our growth as we started out.

[Click here to read more about Little Journey's impact](#)



Ash Kalraiya is CEO of MediShout

MediShout is the only app in healthcare for staff to report any operational issue, while using artificial intelligence (AI) to predict future problems; so clinicians can focus on delivering patient care

Grant funding has been a lifeline in our growth in recent years, but the key is understanding what funders are looking for. Eastern AHSN funded a health economic impact assessment which showed the potential of our innovation on healthcare services. This was a big part of our successful application to the NHS Innovation Accelerator in 2020, and we were then thrilled to receive a £1 million investment from a seed venture capital company for which Eastern AHSN had provided an endorsement for us.

“Growing your business requires funding, profile, customers and evidence of effectiveness, and Eastern AHSN has been amazing in helping us develop all four.”

My advice to other innovators is to remember that funding is only part of the equation for scaling your business. Eastern AHSN also brokered a pilot with Cambridge University Hospitals NHS Foundation Trust and Mid and South Essex NHS Foundation Trust and helped us secure a £75,000 grant from Innovate UK to run it. These relationships are core to delivering impact for patients and working within Eastern AHSN's strong and trusted network has helped us find new opportunities.

Eastern AHSN will be funding a pilot at Royal Papworth Hospital using MediShout with QR codes to enable staff to report hand sanitiser gel dispensers that are running out, to ensure they can be topped up. This has enabled us to



Learn more about how *MediShout* connects healthcare teams and systems to enable them to report any issues and improve operational efficiency

invest in our technology while offering the trust a chance to utilise our innovation in an NHS trust for free. Early feedback has been great.

Growing your business requires funding, profile, customers and evidence of effectiveness, and Eastern AHSN has been amazing in helping us develop all four.

Click here to read more about *MediShout* in our impact story

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● Get involved

Do you have a great idea that could make a positive health impact?

Click [here](#) for more information

Meeting the cancer challenge



Katrina Wilson, Principal Advisor for Cancer at Eastern AHSN, provides an overview of how we are working across the region to improve cancer services

Supporting cancer innovation has been a long-term priority for Eastern AHSN, underpinned by the NHS Long Term Plan ambitions that more people each year will survive five years or more following their diagnosis and 75% of cancers will be diagnosed at an early stage.

The COVID-19 pandemic forced healthcare services to adapt how they delivered services as NHS providers acted quickly to minimise the impact on cancer treatment. However, as the pandemic took hold routine screening, investigative tests and some treatments were disrupted. At the same time, fear of catching COVID-19, wanting to support the NHS by reducing burden, and a hesitancy or inability to use online consultations caused fewer people to seek support from their GPs.

As a result, Macmillan estimates that there are around 50,000 missing cancer diagnoses¹ from 2020 across the UK. Fewer people also started treatment after a cancer diagnosis than in 2019. In England alone, between March and August 2020, around 30,000 fewer people started their first cancer treatment compared with the year before.

Supporting a regional approach

We have been working closely with our local integrated care systems (ICSs) and sustainability and transformation partnerships (STPs), the NHS England and Improvement cancer innovation team and the East of England Cancer Alliance to explore how we can make the best use of innovative cancer solutions to drive advances in treatment and improve patient outcomes.

The agreed approach was to prioritise innovations that could speed up patient journeys, simplify access to results, and wherever possible deliver services without the need to attend hospital. We have successfully launched two cancer projects to evaluate innovations we think can help meet these challenges.

“Tackling the cancer challenge requires us to use the best tools we can to empower clinicians and support earlier diagnoses”

Embedding cancer innovation across Norfolk and Waveney

Following interest arising from our cancer innovation exchange event in 2019, we agreed to fund a role embedded within the Norfolk and Waveney Sustainability and Transformation Partnership (STP) to support the rollout of two cancer innovations in their local system:

Skin Analytics

Skin Analytics has developed a machine learning algorithm, *DERM*, to help identify skin cancer, supporting primary care clinicians to decide if patients need referral or further monitoring. Using a smartphone with dermatoscopic attachment, patients' lesions are assessed by *DERM* in seconds to support their referral decision, ensuring the patient is placed on the right pathway, or safely reassured if no referral is needed. We have commissioned an evaluation to compare cancer detection rates with and without the tool and the evaluation will be completed in summer 2021. Find out more about [Skin Analytics](#).

EarlyCDT Lung test

This innovation from *Oncimmune* is a blood test to support the early detection of lung cancer. Eastern AHSN has brokered a pilot with Norfolk and Waveney STP using the test to screen patients at high risk of developing lung cancer across Great Yarmouth Primary Care Network (PCN), which began in January 2021. In the first four months of the pilot, 988 smokers were booked in for their blood test, which identified 277 with possible lung cancer for referral to hospital tests.

To ensure the local healthcare system can process the additional referrals into secondary care, Eastern AHSN is part-funding a staffed modular CT scanner at the James Paget University Hospitals NHS Foundation Trust with the East of England Cancer Alliance to ensure that patients testing positive with the *EarlyCDT Lung test* are able to be promptly triaged into a CT scan to identify or rule out a cancer diagnosis. Find out more about [Oncimmune](#).



Robert Mayes, Senior Project Manager for Norfolk STP, reflects on the impact delivered across Norfolk:

"We're so grateful for the vital support we've had from Eastern AHSN. Beyond the funding for my role and the delivery of these projects, the team has added so much value through helpful insight and constructive challenge arising from years of innovation expertise. I'm so proud of what we have managed to deliver despite the coronavirus pandemic and we have Eastern AHSN, my colleagues across Norfolk and Waveney and the commitment of clinicians locally to thank for that."

Cancer innovations under the spotlight

In October, we partnered with Macmillan Cancer Support to help them identify possible solutions and partnerships for their innovation team. We were able to showcase a number of exciting innovations that have been recommended through our Innovation Review Panel. Some of the innovations showcased included:

Airglove is a warm-air system that gently heats up a patient's lower arm to widen blood vessels (a process known as vasodilating) and make cannulation easier for healthcare professionals. With extended courses of treatment such as chemotherapy, repeated cannulation is often required and can be difficult. An economic assessment of *Airglove* found that it saved an estimated £64 per patient per year through reduced wastage² and nursing time³ and, most importantly, it improves the experience of vulnerable patients. Eastern AHSN supported the piloting of *Airglove* across 11 oncology departments in the region, all of whom adopted the innovation based on data from the pilots. Cambridge University Hospitals NHS Foundation Trust purchased eight *Airglove* units for use by services beyond oncology to increase its adoption across the trust.

"Airglove has helped out with some really difficult cases where we would sometimes have to move to central lines"

– Nurse at Addenbrooke's Hospital, Cambridge

As a result of the Macmillan Cancer Support event, we are currently in discussion with another local NHS trust to pilot an adaptation of the innovation to improve circulation in lower limbs. Find out more about [Airglove](#).

C the Signs is an integrated clinical decision support tool that uses artificial intelligence mapped with the latest clinical evidence to support GPs to identify patients at risk of cancer at the earliest stage of the disease. Eastern AHSN is funding a post for a head of innovation, Caroline Angus, within the Suffolk and North East Essex ICS to embed innovation and transformation. Caroline has been working closely with ICS colleagues to find an appropriate clinical decision support tool and has brokered a pilot of *C the Signs* across 38 GP practices commissioned by Ipswich and East Suffolk CCG. We are providing programme management support and will be funding an independent evaluation of the service.

Caroline Angus, Head of Innovation at Suffolk and North East Essex ICS, said: "Tackling the cancer challenge requires us to use the best tools we can to empower clinicians and support earlier diagnoses. We hope *C the Signs* can help GPs in our region identify possible cases of cancer more easily and give patients the best possible chances of recovery". Find out more about *C the Signs*.

NeutroCheck has been designed to enable patients with symptoms to test for neutropenic sepsis, a potentially life-threatening complication of chemotherapy, quickly and accurately at home using a finger-prick test. Despite *NeutroCheck* still being in development, we've had a lot of excitement from clinicians keen to trial it as detecting the early signs of neutropenic sepsis would enable patients to get to hospital as quickly as possible and get the treatment they need, as well as avoiding unnecessary hospitalisations for those who test negative.

In April 2020, Cambridge-based *NeutroCheck* received a £125,000 grant to further develop its test through the Medtech Accelerator, a joint venture between Eastern AHSN, Health Enterprise East and public sector partners. The Macmillan team was so impressed with the innovation it was invited to present at a Macmillan conference in March and conversations are ongoing about how it can support *NeutroCheck* in the future. Find out more about *NeutroCheck*.

¹ Macmillan Cancer Support (2020). The forgotten 'C'? The impact of Covid-19 on cancer care. .: Macmillan Cancer Support. 3. Available: https://www.macmillan.org.uk/_images/forgotten-c-impact-of-covid-19-on-cancer-care_tcm9-359174.pdf Last accessed: 28/04/21

² Green Cross Medico. (2017). Service Evaluation of the AirGlove Patient Warming Device. Available: <http://www.greencrossmedico.com/wp-content/uploads/2018/01/Patient-Evaluation-Final-Report-030118-1.pdf>. Last accessed 28/04/21.

³ Scales, K. (2005). Vascular access: a guide to peripheral venous cannulation. Nursing standard: official newspaper of the Royal College of Nursing, 19(49), pp.48–52.

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● Like to get involved?

Do you have an idea that could improve cancer patient outcomes or support earlier diagnosis? **Get involved**



Same storm, different boats:

supporting mental health
services through COVID-19



Dr Sarah Robinson, Director of Delivery at Eastern AHSN and clinical psychologist, explores how innovation can help meet the mental health challenge arising from the COVID-19 pandemic

In March 2020, writer Damian Barr reflected on the COVID-19 pandemic by saying “we are not all in the same boat. We are all in the same storm. Some are on super-yachts. Some have just the one oar”¹.

It is still too early to fully understand the impact of the pandemic on the population’s psychological wellbeing in the longer term. Early analysis suggests a significant increase in stress, anxiety, depression and eating disorders in the general population², with the Royal College of Psychiatrists reporting that 43%³ of psychiatrists saw an increase in urgent and emergency cases and referrals for psychosis⁴ during the first COVID-19 lockdown.

At Eastern AHSN, we have looked to help address this challenge through supporting mental health services and helping embed innovation to prepare services for a surge in demand in 2021 and beyond.

“I can’t thank Eastern AHSN enough for what they’ve done for us. As well as the expertise and input they have given to help us develop our product, I’ve really valued how they’ve helped me connect with talented people who are just as excited about our mission as we are”

– Becky Cotton, Founder at Lumino

Supporting the initial COVID-19 response

As the first national lockdown was announced, we helped NHSX launch *TechForce19*, a call to find and fund innovations that could help vulnerable people isolated by the pandemic. The AHSN Network was well placed to recommend hundreds of proven innovations that had been through our innovation review panel and, in many cases, had gathered real-world evidence through AHSN-funded pilots. The AHSNs mentored those innovators, who received funding to maximise the impact to the system.

At the same time, we worked closely with our regional mental health clinical network, supporting it to evaluate how transformation funding was spent in urgent care, partnering to provide additional assurance around how our local systems were planning their commissioning, and supporting the delivery of quality improvement programmes. The compiled findings were the basis of a [best practice report](#) for mental health developed in partnership with RAND Europe and NHS England and NHS Improvement.

Embedding innovations to better manage service capacity

We have seen fantastic transformation occurring with our two nationally commissioned programmes, both of which have the potential to have significant patient impact through earlier diagnosis and treatment ([Early Intervention for Eating Disorders](#) and in [improving ADHD diagnosis](#)).

This year, we have partnered with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), the University of Cambridge Department of Psychiatry, and the NIHR Applied Research Collaboration East of England to investigate the biological, psychological and social factors underlying persistent depression and how to help people recover. This programme, called *i-VALiD* (Informing VALues-based practice in persistent Depression), has convened health professionals, science and technology partners, and experts with lived experience to consider how we can work together to improve the depression care pathway and pursue the most promising, cost-effective new treatments to transform lives now and in the future. We are also using this engaged network to accelerate innovation in NHS mental health care.

We are really excited about numerous emerging digital solutions that carefully consider a specific area of distress and design a bespoke solution. An example of this is a therapeutic tool called *Seren*, created by *Lumino* to support women experiencing the menopause via an app. The evidence-based clinical resources contained are built on a detailed understanding of the psychological impact of the menopause and it has been co-produced with digital experts and women who have and are experiencing the menopause. We have been working with *Lumino* this year to support development alongside clinical psychologists and GPs, and are looking to support a feasibility pilot in 2021.

"I can't thank Eastern AHSN enough for what they've done for us. As well as the expertise and input they have given to help us develop our product, I've really valued how they've helped me connect with talented people who are just as excited about our mission as we are," says Becky Cotton, Founder at *Lumino*.

Looking forward

As a clinical psychologist myself, I understand the pressures that already existed on mental health services, many of which have been compounded by the pandemic. However, I also see the huge potential for healthcare organisations to deliver services differently and embed innovative tools that empower patients in their own treatment and enable better use of technology and emerging evidence-based solutions.

¹ Barr, D. (2021). George Takei just shared this thought of mine..... Available: <https://www.damianbarr.com/latest/damian-barr-george-takei-we-are-not-all-in-the-same-boat>. Last accessed 04/05/21.

² Jia, R et al. (2020). Mental health in the UK during the COVID-19 pandemic: cross-sectional analyses from a community cohort study. *BMJ Open*. 10, 1-14.

³ Royal College of Psychiatrists. (2020). Psychiatrists see alarming rise in patients needing urgent and emergency care and forecast a 'tsunami' of mental illness. Available: <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/05/15/psychiatrists-see-alarming-rise-in-patients-needing-urgent-and-emergency-care>. Last accessed 4th May 2021.

⁴ Rodgers, R F et al. (2020). The impact of the COVID-19 pandemic on eating disorder risk and symptoms. *The International Journal of Eating Disorders*. 53 (7), 1166-1170.

References



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● Get in touch

If you have a mental health innovation that could deliver patient impact, [get in touch](#).

Celebrating NHS staff achievements with Laudit



Dr Will Davies, Consultant Interventional Cardiologist at Royal Papworth Hospital NHS Foundation Trust, explains how Eastern AHSN has supported the development of the *Laudit* platform to help staff recognise the excellent work of their colleagues.



While many NHS staff receive thanks from grateful patients for the care they provide, there was no formal process in our trust for staff to recognise and thank their colleagues. We comprehensively record and report if an adverse event occurs but it's so easy for great care to go uncredited.

The *Laudit* reporting portal was conceived to enable the recognition and celebration of the everyday extraordinary actions and behaviours of both clinical and non-clinical staff within their day-to-day work. To date, we have received just under 2,800 submissions, which are called laudits.

Having created the tool for use within Royal Papworth Hospital, the drive is now to develop a robust digital platform that could be adopted across the NHS nationally.

Laudit will be built on Amazon Web Services (AWS) with the support of its professional services team. Creating the application on AWS will enable us to develop and innovate more quickly. It also means that the app can scale up and down rapidly in response to demand and as *Laudit* becomes used more widely.

Laudit reports are generated and shared with staff and their managers. The data generated will also help to inform appraisals, revalidation and employee recognition initiatives.

Balancing the development of an innovation with a busy clinical job is difficult and turning an idea into a viable product requires specialist expertise, which is where Eastern AHSN's knowledge, from practical advice to broader strategy, has been invaluable. Eastern AHSN has also helped amplify our story, develop our brand and make connections within its network of like-minded experts. I attended one of its

clinical entrepreneur events and learned so much about what we needed to do and was reassured to meet other people who were on the same journey.

We are already in talks with organisations both within and outside the NHS about trialling the new portal once it has been developed and I'm so excited about how *Laudit* can help other people in the NHS get the recognition they deserve.

“Eastern AHSN’s knowledge, from practical advice to broader strategy, has been invaluable”



**Stephen Posey,
Chief Executive
Officer Royal
Papworth
Hospital NHS
Foundation Trust:**

Over the past year, we have seen so much public

appreciation of the role that NHS staff play in delivering excellent care for patients. Here at Royal Papworth Hospital, *Laudit* has been a great way for us to quickly and easily celebrate the “everyday extraordinary” things that our staff do in support of each other and our patients.

At Royal Papworth Hospital, we have an excellent culture of reporting adverse events and are grateful to our quality and risk team for instilling this ethos. However, before *Laudit*, we did not have a robust mechanism in place for the day-to-day reporting of positive events. This is something we need to do more of across the NHS, and here at

Royal Papworth Hospital, *Laudit* has been an excellent way to capture and recognise moments where staff have supported each other or delivered exceptional care to patients.

During the COVID-19 pandemic, our staff have come together and supported each other through a very difficult time. I have been so proud to see the volume and variety of posts our staff submitted to *Laudit* in the past year, each one a celebration of the positive impact our staff have had on the people around them. As the pandemic took hold, we saw a steep rise in submissions, with over 1,700 between March 2020 and March 2021 alone. I have no doubt that these *Laudits* really boosted morale during what was a very stressful time.

Laudit has been recognised as an outstanding example of caring practice in a Care Quality Commission (CQC) report in 2019 and the domains within the *Laudit* reporting system mirror the CQC framework. This enables our board to demonstrate areas of outstanding performance within the trust while also allowing us to find best practices and individuals who make a difference in our organisation.

I’m thrilled that such a fantastic idea came from one of our own clinicians and that we have been supported by Eastern AHSN to develop the initiative further. It would be great to see *Laudit* adopted nationally so we can identify and celebrate the NHS heroes everywhere.

“It would be great to see *Laudit* adopted nationally so we can identify and celebrate the NHS heroes everywhere”

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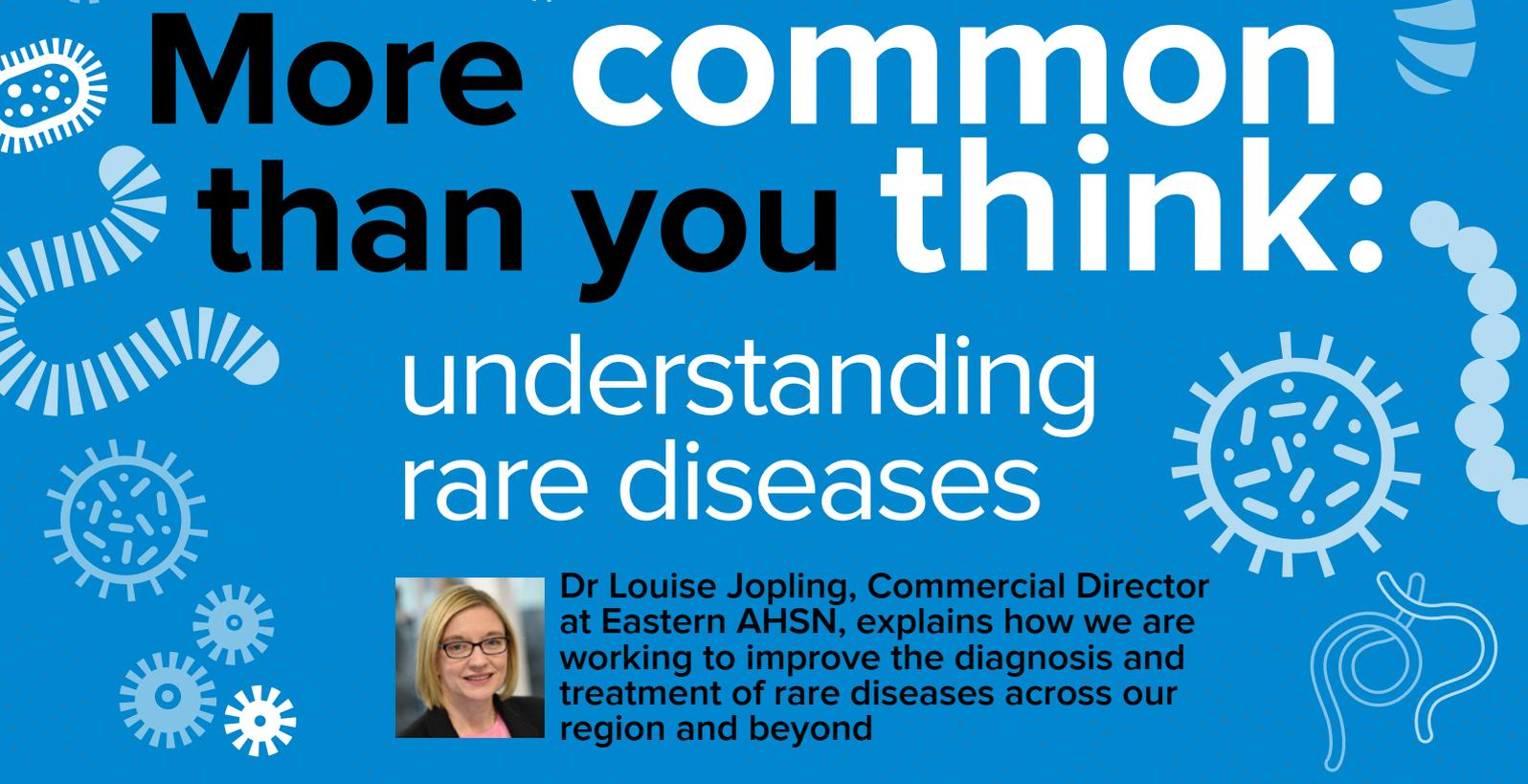


● Would you like to adopt *Laudit*?

If you want to learn more about adopting *Laudit* in your trust, contact Joanna Dempsey, Commercial Enterprise Lead at Eastern AHSN:
joanna.dempsey@eahsn.org

More common than you think:

understanding rare diseases



Dr Louise Jopling, Commercial Director at Eastern AHSN, explains how we are working to improve the diagnosis and treatment of rare diseases across our region and beyond

A rare disease is defined as a condition that affects fewer than 1 in 2,000 people¹. With approximately 7,000 individually identified rare diseases, it has been calculated that 1 in 17 people will be diagnosed with a rare disease at some point in their life. In the UK, this amounts to more than 3.5 million people¹.

Our work to support the rare disease community is underpinned by the UK Rare Diseases Framework, published January 2021, calling for a focus on making better use of diagnostic technologies and genomics to help patients receive a final diagnosis faster. The framework also highlighted a need to increase awareness of rare diseases among healthcare professionals, while ensuring that those involved in patient care are provided with the appropriate education and support will also be critical in improving the quality of care received.

Reducing the diagnostic odyssey for rare disease patients

We have worked with *Mendelian* and East and North Hertfordshire Clinical Commissioning Group over the past couple of years to broker an initial pilot of *MendelScan*, a software package for analysing targeted, whole-exome, or whole-genome, sequencing data in family studies of inherited disease. The pilot ran across the Lea Valley GP Federation to understand how it could support GPs to identify patients for appropriate referral, with the aim of accelerating rare disease diagnosis. The recently announced partnership between Modality NHS Partnership and *Mendelian* will enable further scale of this technology across 45 GP practices. We are brokering a relationship between *Mendelian* and other AHSNs, and its experience of working with the network was showcased in a workshop at the *Bridging the Gap* event hosted by Eastern, KSS and Oxford AHSNs.

[Click here to catch up on all the sessions from the AHSN Network Bridging the Gap event](#)

“Working with Eastern AHSN to launch the patient insight survey helped capture the experience of those living with rare diseases so we can start to address the everyday issues they face”

– Jo Balfour, Managing Director of the Cambridge Rare Disease Network

Using patient insight to develop innovations that make a difference

A key priority for us is to support the development of innovations that improve the everyday lives of those living with rare diseases. In November, we partnered with the Cambridge Rare Disease Network (CRDN) to sponsor their bi-annual *RAREfest* event, where we launched a survey to gather the experiences and stories of those living with rare diseases, including families and carers.

The insights shared by the survey respondents highlighted a broad range of issues and opportunities for innovation to help address the challenges of care coordination, education and the potential for better use of technology.

We are using the survey results to create challenge statements that we can share with the innovator community, which may have technologies to address these challenges. We hope to be able to present some of these

Bringing together the rare disease community



Jo Balfour,
Managing Director
of the Cambridge
Rare Disease
Network (CRDN)

Because of the coronavirus pandemic, *RAREfest20* was hosted online for

the first time. While this presented a challenge for us, it offered a wonderful opportunity to have a far more inclusive event, which attracted more than 1,000 attendees from 41 countries. People who may not have been able to attend a physical event could contribute and be heard.

Working with Eastern AHSN to launch the patient insight survey helped capture the experiences of those living with rare diseases so we can start to address the everyday issues they face.

The funding that Eastern AHSN provides is vital for organisations such as ours, but it's also the team's expertise and support in gathering insights that lead to impact that is so valuable.

It was fascinating to read the survey findings, which highlighted a number of challenges arising from specific conditions, as well as a lot of common

experiences across different diseases. Because of the small number of people affected by some rare diseases, people often feel isolated in their experiences. This survey has shown the potential for innovation to support the whole rare disease community and I'm so excited to work with Eastern AHSN to find solutions that can have the biggest impact and improve lives.



© CAMBRIDGE RARE DISEASE NETWORK

RAREfest20
had **1,030**
attendees from
41 countries

More than
45 patient groups
were **represented**
at *RAREfest20*

Supporting rare disease education for the healthcare workforce

With so many individual rare diseases, it is vital to support the continuing education of NHS staff working in this space. One group of rare diseases is known as Lysosomal Storage Disorders (LSD) and comprises approximately 70 individual diseases that result from inborn errors of lysosomal function. Lysosomes are intracellular organelles within all tissues, which contain a wide variety of enzymes that break down complex molecules required for normal cellular digestive processes. Problems with lysosomal function leads to diseases such as Gaucher Disease, Fabry Disease, Mucopolysaccharidoses and many more.

In January 2020, we were introduced to Elizabeth Morris, Clinical Nurse Specialist in LSD at Cambridge University Hospitals NHS Foundation Trust. Elizabeth had been working with her peers across the country to create a national LSD nurse steering committee. She had identified the need for a comprehensive nurse educational platform over many years, but needed funding and support in engaging stakeholders alongside their busy clinical duties.

Elizabeth Morris, Clinical Nurse Specialist at Cambridge University Hospitals NHS Foundation Trust:

"As a clinician, it can be difficult finding reliable training to help deliver better care for patients with rare diseases. We want to help educate nurses and other health professionals by providing accessible, digestible and accredited resources so they can understand more about these conditions and their patients' experiences. Eastern AHSN is helping us turn this vision into reality."

Many pharmaceutical companies have therapeutics in the LSD domain and were keen to collaborate with the nurse steering committee to develop an educational programme. Working with the Association of the British Pharmaceutical Industry, Eastern AHSN acted as secretariat for the project, drawing on our expertise in brokering collaboration to ensure appropriate and equitable inclusion for each interested company and to outline the proposal and funding requirements.

As a result, we have secured educational grant funding from four companies and, following a successful tender, are now working with a medical communications agency to bring the nurse steering committee's vision to life. We are engaging the Royal College of Nursing to ensure the educational modules are accredited before they are hosted on the British Inherited Metabolic Disease Group website.

This resource will support the NHS Long Term Plan's aims for better workforce education and retention, as well as improving the experiences of patients with rare diseases. We are already looking to the future potential for expanding the platform to additional healthcare professionals, pharmacists, genetic counsellors and GPs, as well as international colleagues.

References



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● Want to know more?

If you want to learn more about our work with rare diseases, contact Dr Louise Jopling, Commercial Director at Eastern AHSN, at louise.jopling@eahsn.org. You can learn more about our business priorities [on our website](#).

A hundred -year life?



Our life span is increasing – but what can we do about our health span? Charlotte James, Director of Communications, Marketing and Engagement, shares an update on our work to support our communities to live and age well

The majority of children born in the UK today can expect to live to more than 100. This increase in life expectancy has been happening for decades, but these extra years of life are not always spent in good health, with many people developing conditions that reduce their independence and quality of life.

This discrepancy between our life span and health span has major implications for public health, the economy and our national health service. Living and ageing well is therefore a key priority for us in helping to deliver the NHS Long Term Plan. We believe we have a key role to play in helping older people receive the right kind of support to help them live as well as possible while not overwhelming health and social care services.

“We believe we have a key role to play in helping older people receive the right kind of support to help them live as well as possible”

Living well

Crucially, the challenges of an ageing population require that we maintain healthy behaviours throughout life. These dynamics and long-term demographic trends point to a growing role for enabling everyday health. As the world population grows and ages, the need for safe and effective self-care will grow with it. That will involve a considerable effort from healthcare professionals and the industry in educating people in self-care for both their mental and physical health.

We are therefore proud to be a partner of the **Norwich Institute of Healthy Ageing (NIHA)** - a new research group, launched in November, that brings together researchers, policy-makers, commercial partners and the local community to investigate the social, cultural, economic, geographical and environmental determinants of behaviours that impact public health.

The new institute believes, as we do, in adding life to years and researchers will collaborate on reducing the risk of a range of health issues – from dementia and diabetes to heart disease. They will explore how behaviour changes such as improved nutrition, regular exercise, socialisation and sleep hygiene can lead to better physical and mental health.



To find out more about the **Norwich Institute of Healthy Ageing (NIHA)**, [click here](#)

Living independently

We are committed to make better use of technology, such as wearable devices and monitors, to support people with long-term health problems in new ways, helping them to live independently for longer.

Charco Neurotech is one company we have been working with this year to develop a wearable device, called *Cue*, that has the potential to make a real difference to the lives of people with Parkinson's disease by improving their movement and quality of life. This non-invasive wearable uses pulsed cueing and focused vibrotactile stimulation to reduce symptoms of slowness and stiffness. We have been supporting **Charco Neurotech** this year to develop its health economic budget impact model, in addition to giving advice on procurement and clinical positioning.

When COVID-19 forced hospitals to deliver services differently, we helped **Active+Me**, a cardiac rehabilitation pilot being run at Addenbrooke's Hospital, to quickly adapt to online classes to ensure patients were able to keep up their exercise and manage their recovery, thanks to funding from Innovate UK.

Active+Me is a solution, developed by **Aseptika**, that empowers patients to take charge of their own recovery through safe exercise and education on risk factors and lifestyle changes. In addition, patients are provided with medical monitors to record their progress, such as on activity levels, blood pressure, weight and oxygen saturation. The data are uploaded to an app and shared securely with the hospital's cardiac rehabilitation team. One patient using the *Active+Me* platform is Cambridgeshire-based Steve King. Steve enrolled onto the pilot after a triple heart bypass. He reflected: "After my surgery I started my cardiac rehabilitation, but what was different this time was I enrolled onto the *Active+Me* pilot, which piqued my interest because of my research background. I also found out that I was borderline type 2 diabetic, which was further motivation to make a change to my lifestyle. Now, I measure my weight, blood pressure and blood-oxygen levels – all of which I didn't pay any attention to before – as part of my daily routine. But what interests me most is the trends in my data over time, which I can monitor through the app. I am really grateful I took part in the pilot; I feel much more self-aware, confident and in control of what I do now."

Buddi Connect is one of the innovations we supported following a grant from NHSX as part of its TechForce19 call out for innovations to help those isolated by COVID-19. The app enables people to stay in touch with loved ones as well as raise alerts if they need help. We are providing commercial mentoring for **Buddi Connect** to shape its approach to market adoption, and supported its successful application to the NIHR Invention for Innovation (I4I) programme.

While we were not able to conduct our planned care homes pilot of **Washseat** during the pandemic, we

“I am really grateful I took part in the pilot; I feel much more self-aware, confident and in control of what I do now”

hope to do this as soon as it is safe to do so. This innovation, which we have supported from prototype, fits over the top of an existing toilet to provide a raised seat and built-in washing facility to enable the user to manage their personal hygiene with dignity. We continue to provide them with mentoring as we look to identify pilots in the region and nationally.

Care at home

The NHS Long Term Plan outlines the objective to give people greater control over the care they receive and for more care support at home rather than in hospital. This objective was further prioritised with the added pressure of a global pandemic and restrictions to movement.

The rapid digitalisation of life during COVID-19's acute phase had a huge impact on healthcare delivery, including a major shift to telemedicine across the NHS. While there is more work to do to ensure we don't exclude people who are not digitally literate, this transformation was vital in enabling continuation of care during the crisis. We supported clinical teams in our region to transition from face-to-face services to online consultations, alongside the virtual monitoring of vital signs to keep patients away from overstretched and potentially infectious hospitals and GP surgeries. Read more about our work enabling [telemedicine](#) in the region.

¹ Roser, M., Ortiz-Ospina, E. and Ritchie, H.. (2019). Life Expectancy. Available: <https://ourworldindata.org/life-expectancy>. Last accessed 28/04/21.

Reference



Living with long-term conditions

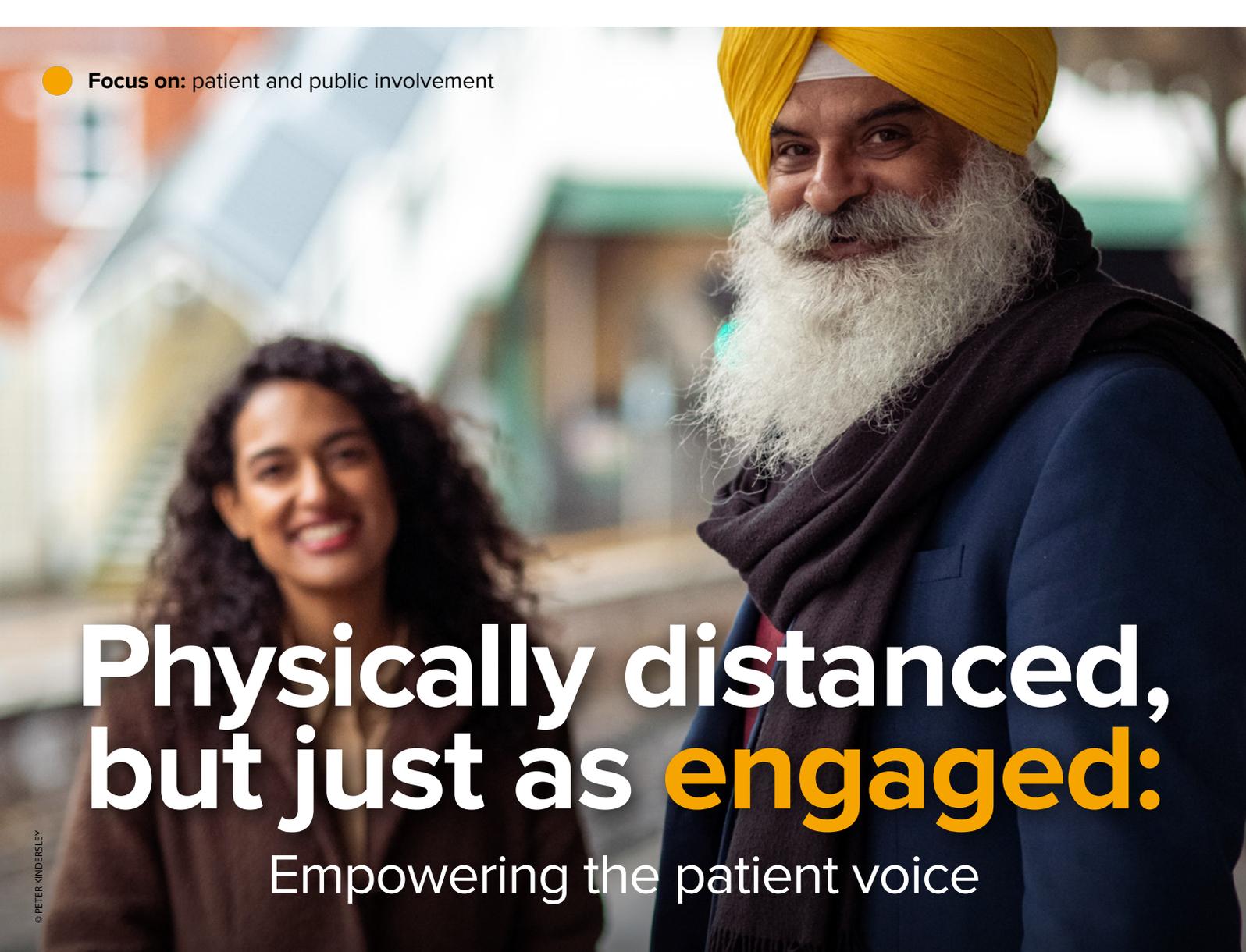
In the UK, one in four adults is now estimated to have two or more health conditions. We are working with Suffolk Primary Care to pilot the use of two innovations, *Liberate Pro* and *CareDoctR*, to empower clinicians and patients to manage long-term conditions more effectively. Read more [here](#).

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● Get in touch

If you would like to partner with us or have an idea to support healthy ageing, [get in touch](#).



Physically distanced, but just as **engaged:**

Empowering the patient voice

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Helen Oliver, Chief Operating Officer and Deputy Chief Executive Officer at Eastern AHSN, explains how we have kept patient involvement at the centre of our programmes in 2020/21

The COVID-19 pandemic forced healthcare services to rapidly innovate and adapt how they delivered care to ensure the safety of both patients and clinicians. The pace of change meant patient and public consultation wasn't always possible, but as we continue to evaluate the impact of reconfigured services and which changes are worth keeping, it's vital that we listen to the populations they affect the most.

We are passionate about public and patient involvement and want the East of England health and care system to consistently empower patients and the public to define, determine and deploy innovations that best meet their needs. We work hard to ensure that we have patient and public representation in our programmes and, despite the challenges of engaging locked-down stakeholders, we continue to support healthcare providers to ensure that patient voices shape how services return as the pressures of the pandemic ease.

We have delivered this through three workstreams: creating spaces for patients, empowering patient leaders and using insight more effectively.

Creating space for patients to influence health services

We supported the Cambridge Rare Disease Network (CRDN) with *RAREfest20*, sponsoring the bi-annual public event and using the occasion to launch a survey to better understand the everyday challenges faced by people living with rare diseases, including families and carers. Because of the pandemic, the event was run online, which presented an opportunity to reach a broader audience. Next, we will be partnering with the CRDN to translate the survey findings into actionable challenges that we will put to the innovation community to make sure we turn insight into health impact.

You can read more about this work in more depth in our [Focus on: rare diseases](#) article.

“This wonderful course is teaching me so much more than I ever thought I understood about humility and curiosity”

An example of this is our work with Cambridgeshire and Peterborough NHS Foundation Trust and partners to lead a bid for a new innovation hub to support the adoption and adaptation of innovations across the Cambridgeshire and Peterborough Integrated Care System (ICS), with patient and public involvement representation at its core. We worked with the county's Healthwatch, the Citizens' Senate and local providers' patient groups to use existing forums to gather patient input into the proposed design of the hub. We are currently waiting to hear if the bid has been successful ahead of a launch for the hub in summer 2021.

For the past four years we have proudly hosted the East of England Citizens' Senate, which provides clinical networks and other regional healthcare structures with insight, information and views about services and proposed service changes from the perspective of patients and carers. All members either have first-hand experience of living with long-term conditions or care for someone who does. Their breadth of experience means we can learn from and share emerging approaches to co-production and public and patient involvement with our partners.

Empowering patient leaders

Listening to patients isn't enough. For services to be truly patient-focused, feedback needs to translate into influence and change. In partnership with The King's Fund and the East of England Citizens' Senate, and with sponsorship from NHS Leadership Academy, we delivered a four-day leadership training course, for free, to patient and public representatives. The programme empowered 21 participants this year to develop the skills, knowledge and behaviours to underpin collaborative and meaningful relationships with NHS decision-makers as they shape the services in our region.

Leading for change programme participant:

“This wonderful course is teaching me so much more than I ever thought I understood about humility and curiosity. The stars are aligning on so many levels. I felt it as soon as I stepped into the Zoom room!”

At Eastern AHSN, we strongly believe that people should be valued as experts in their own lives. We previously worked with planners for the Northstowe development to use an innovative, community-based approach to qualitative research – commonly referred to as participatory appraisal – which enables people to develop ideas, identify priorities and make decisions about their own future.

This year, we worked with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to apply a participatory appraisal approach to understanding and addressing poor uptake of smoking cessation support by some communities living in Wisbech. The project has been paused because of the pandemic, but we are eager to apply the learnings to encourage a healthier population and address health inequalities in the region.

Patients have also shaped how we talk about our services in 2020/21, as we continued to work with maternity voice partners, alongside midwives in maternity units across the region, to embed the *preventing cerebral palsy in preterm labour (PReCePT)* project through the increased antenatal administration of magnesium sulphate (MgSO₄) to mothers during preterm labour. By co-producing patient materials with these representatives, we have been able to ensure the language we use and the resources we provide are written by patients, for patients.

[Click here to learn more about participatory appraisal](#)

Using insight more effectively

Gathering insight and involving patients only leads to impact when learnings are put into practice and shape the healthcare system. As we continue to partner with innovators looking to grow their business and make a positive impact on patient care, patients play a vital role in helping choose which innovations we support as part of our [Innovation Review Panel](#). Having patient perspectives at this early stage provides vital insight for innovators.

This year, we have been supporting *PEP Health*, whose Patient Experience Platform uses AI to automate the collation of patient experience data in real time from multiple sources, including social media and online patient forums, to provide

a faster and more complete picture of their care experience. We are working with *PEP Health* to develop their communications and help organisations understand how they can use the platform to inform their quality improvement and patient insight strategies.

We continue to also be at the forefront of using patient data responsibly in research as a partner in *Gut Reaction*, the Health Data Research Hub for Inflammatory Bowel Disease (IBD). The hub is an academic and industry partnership led by Cambridge University Hospitals and funded by the Industrial Strategy Challenge Fund (ISCF) through Health Data Research UK. The team is working with Crohn's & Colitis UK and the hub's Patient Advisory Committee to ensure that patient co-design and responsible use of data is at the heart of how we manage data access requests for academic and industry research.

Sarah Sleet, Chief Executive of Crohn's & Colitis UK:

"The Gut Reaction Patient Advisory Committee has played a vital role in changing the culture of health data research by encouraging greater patient involvement in procedures in place to manage data access applications."



Learn more about Gut Reaction
at www.gut-reaction.org

**Click here
to find out
more about
PEP Health**

We are also working with the NHS regionally to develop how we better involve the public in how we evaluate our programmes.

Good patient and public involvement needs to go beyond

implementation and inform what success looks like from the public's point of view. This is particularly true as we look to understand the implications of the pandemic on access to healthcare services.

Where many found digitalisation of healthcare refreshing, it also highlighted the inequalities and differences in digital literacy in our region.

We are delighted to be launching our patient and public involvement (PPI) toolkit in the coming months, aligned with that of the AHSN Network national strategy, signalling our lasting commitment to the integral role that PPI must play as we move forward together. As we begin the long recovery from the pandemic, we hope to continue to work closely with our local integrated care systems to ensure that patients and the public are helping to co-create and drive this important agenda forward.

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● **Learn more**

If you would like to learn more about how we can help you develop your patient involvement strategy, contact helen.oliver@eahsn.org



Realising the potential for telemedicine



Mark Avery, Director of Health Informatics at Eastern AHSN, outlines the progress made in the past year of using telemedicine and how we can build on it in the future

Enabling online consultations in primary care



A

welcome outcome of the response to the COVID-19 pandemic was the rapid acceleration of the use of digital technology to enable clinicians to deliver care and monitor patients remotely – often referred to as telemedicine.

In 2019, the NHS Long Term Plan¹ highlighted digitally enabled primary and outpatient care as one of five major, practical, changes to the NHS service model that would underpin the plan. The ambition was to deliver this within five years but, once it became a necessity amid the pandemic, the challenge was largely realised within just a few short months through an astonishing effort and coordination from the whole healthcare system. Eastern AHSN played a crucial part in this, working as part of the East of England regional COVID Digital Cell to address the infrastructural challenges that needed to be overcome to enable digital tools to be rolled out at scale. Some of the key elements of our impact in this area are summarised in the panel, left.

As the UK vaccination programme is alleviating some of the system pressures, the focus is shifting towards understanding the impact of telemedicine over the past year and the potential for the future. But what are the benefits of telemedicine?

Protection of vulnerable patients

Being able to monitor and treat a patient without having to see them in person is not just more convenient for many patients who cannot or would rather not travel but it reduces the risk of infections spreading. Vulnerable patients, including those with multiple long-term conditions or compromised immune systems, can be treated safely in their own homes while saving clinicians' travel time.

Case study: Telemedicine in care homes

The coronavirus crisis meant that many traditional ways of working were no longer possible, particularly in care homes. GPs were restricted from visiting care homes because of the risk of infection and cross-contamination between patients and sites.

Supported by a grant from Innovate UK, Eastern AHSN built work already under way by its Patient Safety Collaborative to embed tools, including the Royal College of Physicians' National Early Warning Score – NEWS2 and SBARD – to help carers identify the signs of deterioration by integrating these tools within the *Whzan Blue Box*. This all-in-one telehealth box of equipment helps staff conduct clinical assessments and communicate the results to healthcare professionals. This includes the monitoring of vital signs, recording photos, as well as using tools, including NEWS2. This means early signs of decline are flagged before an illness worsens and GPs can effectively conduct virtual rounds to support decision-making to refer patients for further clinical care such as hospitalisation. Eastern AHSN helped engage the CCGs across the region, working with them to identify and distribute the technology to an initial 35 care homes. We continue to support the roll out with more than 200 care homes having adopted the *Whzan Blue Box* in our region during 2020/21. We are also working with Whzan to develop the technology with input from care homes.

“The support we got from Eastern AHSN was vital in embedding the technology in our care homes. Staff were given IT support, including access to secure NHS mail and virtual training on using the tools, and by creating a network of peers across sites, we broke down silos between NHS and care home partners,” said Desiree Jooste, Manager of Fornham House, Bury St Edmunds.

Securely sharing of patient information between clinicians

Digital technology not only allows the sharing of information between patients and their GP, it also enables better sharing of data between different care providers. This enables a patient's care information to be accessed securely by caregivers, from GPs to acute care, ambulance to mental health, ensuring that clinicians have the full information they need when making clinical decisions and saving time.

In the East of England, the East Accord is a collaborative comprising technical leads from across the region's health and care system working to reduce the inefficiencies and improve patient experience through improving the digital maturity of services. Eastern AHSN has representation on its programme board to give oversight and expertise to support better interoperability of services and system design.

The AHSN has supported Cambridgeshire and Peterborough integrated care system (ICS) to procure a partner to enable shared care records across all trusts and primary care providers in their local system by the end of 2021.

Delivering care more efficiently

In emergency situations, every second counts.

If specialist clinicians can be connected to care teams instantly, it can improve decision-making and hopefully patient outcomes.

Although many clinical conditions require physical examinations or interventions and many patients will still need to be taken to hospital as soon as possible, technology often has the power to enable treatment to start sooner.

Click here to read more about the Stroke Telemedicine Programme

Case study: Using telemedicine to identify stroke mimics

Eastern AHSN has supported the Paramedic Stroke Telemedicine Digital Pioneer Project for the past few years, in which 12 registered paramedics from the East of England Ambulance Service NHS Trust (EEAST) receive additional hyperacute stroke education and training on using the videoconferencing app on mobile devices, which connected them to stroke consultants based at East Suffolk and North Essex NHS Foundation Trust.

This enables paramedics to get clinical advice from a specialist stroke consultant to help identify if they have suffered a stroke and if they require transfer to hospital for further tests and treatment.

In 2020, a feasibility study based on the pilot led to

“The support we got from Eastern AHSN was vital in embedding the technology in our care homes”



Eastern AHSN funding a broader economic evaluation by the University of East Anglia (UEA) using data around stroke pathways in the region. The evaluation estimated this telemedicine service delivered a cost saving compared to usual care of £482k in its first year and this programme was a runner-up in the 2020 NICE Shared Learning Awards. Following the pilot, the East of England Stroke Telemedicine Partnership is launching a service in 2021, initially covering Ipswich Hospital, Queen Elizabeth Hospital King's Lynn and the Norfolk and Norwich Hospital.

As the digital infrastructure in our region continues to develop, so does the potential for telemedicine and telehealth. While there is more work to do to reduce digital exclusion, patients are increasingly able and empowered to manage their own conditions using more advanced and affordable wearable technology and smartphone apps. In addition, the clinical community is making better use of data and technology in how it delivers care.

Telemedicine is already having a huge impact on care in the East of England, but there's so much potential to do more if we keep up the pace.



¹NHS England (2019). The NHS Long Term Plan. London: NHS England.

Reference



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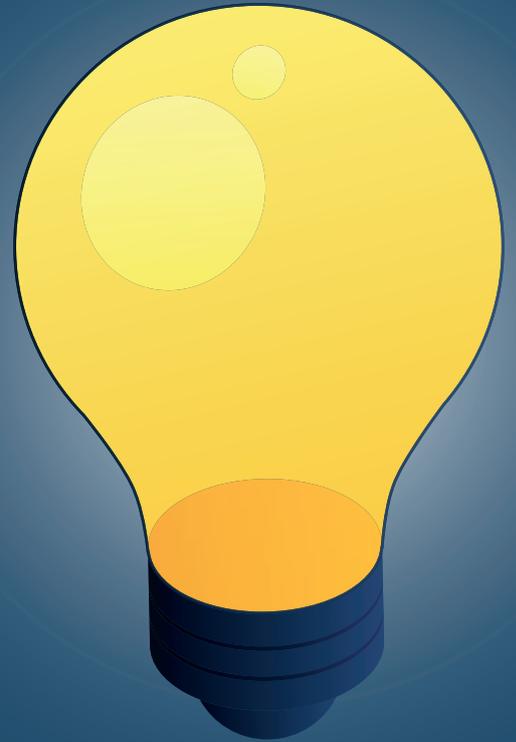


● Get in touch

Learn how we can support healthcare providers to embed proven patient safety initiatives and innovations [here](#)

The experts will see you now:

casting an expert eye with our Innovation Review Panel



We spoke to Dr Jag Ahluwalia, Chief Clinical Officer at Eastern and chair of our Innovation Review Panel, about how we assess innovator submissions to see how we can best support them on their innovation journey

What is Eastern AHSN's Innovation Review Panel?

At Eastern AHSN, we are continuously identifying innovations that drive positive health impact. Our region is filled with people with brilliant ideas, so prioritising which we can support can be difficult. Our Innovation Review Panel evaluates innovations on a regular basis and provides robust, expert feedback and support to innovators.

An innovator's perspective:



Aviel Blumenfeld, CEO and Co-founder of IMedis

At IMedis, our mission is to create a comprehensive quality management platform for radiology departments using artificial intelligence. We made

How does the Innovation Review Panel bring value?

The panel comprises at least 25 senior practitioners spanning a broad range of health and social care disciplines, including:

- Primary and secondary care clinicians
- Healthcare scientists
- Innovators, including clinical entrepreneurs
- Specialists in procurement, regulation, investment, commercialisation, communications and medicines optimisation
- Patient and public representatives
- Research and trial funding experts

a submission to Eastern AHSN in April 2020.

The panel's feedback and support helped establish a launchpad for us to build trusted relationships with NHS trusts interested in our work. We were able to accelerate our understanding of the NHS in ways that would otherwise have required a significant investment of time and money.



programmes for more advanced projects. Sixteen have been introduced to key NHS stakeholders and we have helped establish pilot sites for four innovations within the year, two of which have already gained further traction and spread beyond the pilot sites.

How can innovators apply to access the Innovation Review Panel?

The first step towards an innovation being considered by the panel is via Eastern AHSN's company engagement form. Our team conducts a weekly triage of new innovations to ascertain their market readiness and where we might be able to support an innovation. Where we think it will be helpful, you may be invited to make a pitch to the panel and will be offered support preparing your pitch.

Each member brings their experience to bear, focusing on how they can contribute to what each innovation needs to move to the next phase of its development.

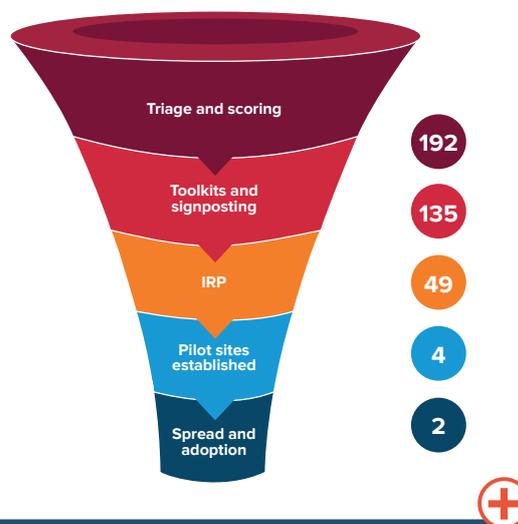
What are the benefits to innovators?

The panel offers a wide range of free insights from not only a clinical perspective, but also through the lens of patient representatives, alongside accessibility and inclusion, regulatory, commercial and communications expertise.

Innovators are invited to present a short pitch to the panel members and engage in a Q&A afterwards; this provides invaluable real-time feedback and insight to SMEs, raising questions that may arise in the future with other system stakeholders. It is also an opportunity to explore who their customers might be in the NHS and where they might focus their engagement strategy, whether providers, commissioners or regional or national bodies.

In 2020/21 we received applications from 192 innovators, of which 49 were selected for panel review and were given support ranging from constructive critique of project ideas to help establishing pilot

The Innovation Review Panel: Innovations Funnel 2020/21



What makes a great pitch?

In our experience, the best pitches:

- **Highlight unmet needs:** identify a need that is not being met and make a strong case for meeting it.
- **Articulate what the innovation does:** make it easy to understand how the innovation works and, therefore, how it meets the unmet needs.
- **Establish NHS context:** consider what benefits the innovation offers and what those benefits help the NHS to achieve in relation to its priorities.
- **Know the marketplace:** show a robust understanding of the current and potential future situation, in terms of the number of people for whom the innovation can deliver positive health impact and the size of the customer base for the innovation.
- **Understand the competition:** acknowledge organisations already in the market and identify competitors' value propositions, where they deliver benefit and any opportunities for improvement. Great pitches use this insight to make it clear how their innovation is outstanding.
- **Provide engaging evidence:** offer evidence of the impact of the innovation. Evidence is enhanced by the results of pilots, progress towards regulatory approval or outlining how innovations have been adopted.
- **Spell out the financial rationale:** include a cost-benefit analysis that outlines what the impact of adopting the innovation will be. This might be the total cost savings, the cost relative to established alternatives and/or the cost of time saved as a result of an innovative process.

- Bring the innovation to life: include, where feasible, a video, demonstration or report that helps the innovation spring off the page. The easier it is for panel members to engage with its benefit the easier it is to understand how they can support it. Keeping to the time allocated and not overrunning will also keep the panel engaged.

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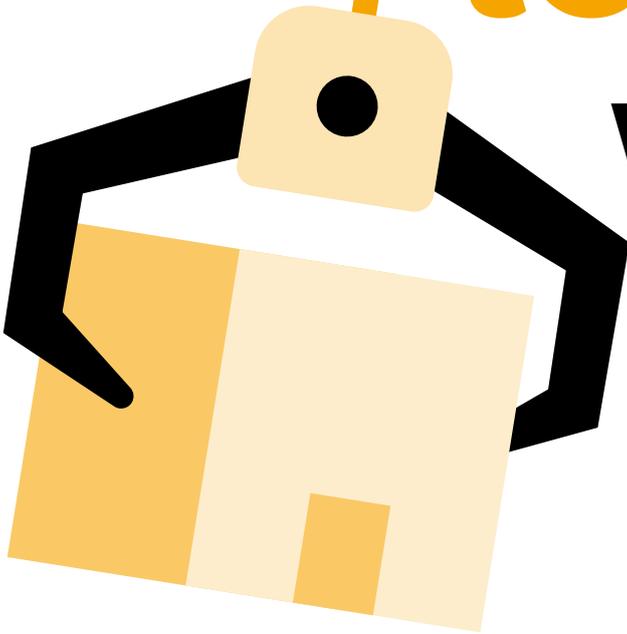


● Get involved

If you have a great idea with the potential to have positive health impact, we'd love to hear from you. [Get involved](#)

Better together?

When to go for a package deal



Joanna Dempsey, Commercial Enterprise Lead at Eastern AHSN, explains how some innovators are better off together and talks about our role in facilitating a Joint Working partnership with AstraZeneca to pilot *Liberate Pro* and *CareDoctR*

At Eastern AHSN, we meet so many inspiring innovators whose solutions could make a huge impact on our health services with the right support. Sometimes we are able to spot innovations that perfectly complement each other to make them more effective, more appealing to NHS services and more financially viable.

Our focus on helping organisations provide better services for patients means we can be an impartial critical friend, brokering deals that can benefit all parties. But what are the benefits for innovators to package their products with those of a partner?

A better patient experience

When a patient is diagnosed with a long-term condition, it can be daunting to take in all the relevant information, learn to use new tools for managing their condition and keep track of tests or appointments. This can be compounded for patients with multi-morbidities (suffering from more than one condition). If we can integrate digital innovations so that patients just need to familiarise themselves with one tool it can be much easier to adjust and manage their condition. This is particularly important for those who may not be as confident using technology.

Simplified commissioning and a smoother roll-out

NHS procurement can be complicated to navigate. Not only will a packaged solution that covers more

than one need make it more appealing to commissioners and buyers, it makes procurement and contracting less complicated. With digital solutions, an integrated package means IT barriers only need to be overcome once, and staff training requirements are reduced. In the short term, it can be hard to broker an agreement between innovators, but it makes it easier to embed within the healthcare system once this is in place.

Sharing risk and costs between partners

By partnering with another organisation you can share the cost of future developments for your innovations, more effectively gather feedback from users and customers and share marketing and sales expenditure. You may want to explore entering a Joint Working Agreement (JWA), which is a specific type of partnership between the NHS and the pharmaceutical industry that aims to improve the efficiency and delivery of patient care at a local level. These financial efficiencies can make your business more profitable and can be passed on to healthcare providers and save the NHS money.



[Learn more about *Liberate Pro*](#)

If you have a great idea and need support to understand how you can make a positive health impact for patients, *get in touch*

“Eastern AHSN acted as an honest broker for the arrangement and really helped us in building a great partnership built on trust and transparency”

Click here to learn more about *CareDoctR*

Putting theory into practice: a single solution for managing patients with multi-morbidities with *CareDoctR* and *Liberate Pro*

In 2020, Eastern AHSN was approached by Suffolk Primary Care (Suffolk PC), a partnership of local GP practices from across Suffolk, which wanted to explore how it could better support patients with long-term conditions. In the UK, one in four adults is now estimated to have two or more health conditions¹.

“In Suffolk, we have been developing a standardised approach for managing patients with multi-morbidities over a period of years. We wanted to see if we could build on these pathways and improve patient outcomes in our region through better use of technology,” said Dr Neil Macey, Co-Chief Medical Officer at Suffolk Primary Care. “We knew Eastern AHSN had expertise in this area and might be able to recommend some solutions. The team recommended two innovations that worked well together, we could easily build into the work we had already begun and fitted our needs perfectly.”

Both *CareDoctR* and *Liberate Pro* had come through the Eastern AHSN Innovation Review Panel in 2019, providing the potential for both innovations to empower nurses, clinicians and patients to manage long-term conditions more effectively. These innovations were identified as being complementary, so we looked to pilot them together.

CareDoctR created the *CareMonitR* platform, which enables GP practices to automate the identification and monitoring of patients with multiple long-term conditions. Instead of patients attending their surgery several times a year for each of their conditions separately, the system contacts them once a year for a holistic review with a healthcare professional (such as a GP, nurse or healthcare assistant).

“It enabled us to explore ways we could deliver more for patients than we could achieve separately”

Liberate Pro is a digital platform that enables clinicians to record important parts of their consultation and share relevant educational content and information about conditions that can be accessed by patients via a secure online portal. The healthcare professional can draw upon pre-loaded content and add notes, attachments and visuals to customise information to the patient's individual case. This enables patients to play back, read and digest information and share it with family or carers.

Having identified the potential to offer the two innovations as part of a package and the opportunity to trial the idea in Suffolk, Eastern AHSN gathered the relevant organisations to facilitate collaboration. We

developed simple messaging and an infographic for each innovation to help explain the benefits of each and how they would work together.

“It seemed to make sense to everyone that we work together,” said Amita Panwar, Business Director at *Liberate Pro*. “The innovations lined up so well and it enabled us to explore ways we could deliver more for patients than we could achieve separately, so we were excited to explore the synergy of a packaged solution.”

Eastern AHSN has provided funding to support the licensing and evaluation of a pilot across eight practices within Suffolk Primary Care covering around 70,000 patients, which we hope to run from summer 2021.

We know that citizens, academia, health services and industry will achieve more working together than they will in isolation. We regularly engage a wide variety of organisations in our work, so when our partners at AstraZeneca told us they were looking at how services might use a single platform for the management of patients with multi-morbidities, we knew they would be interested in this project.

As a result of this project, Eastern AHSN has entered a Joint Working Agreement with AstraZeneca, whose real-world evidence team has agreed to support the pilot in a non-promotional capacity. If the pilot shows improved patient outcomes, we will look at further integrating the solutions into a single platform and the long-term sustainability of the project.

“We're really excited to have AstraZeneca on board,” added Dr Ayub Khan, Founder of *CareDoctR*. “Eastern AHSN acted as an honest broker for the arrangement and really helped us in building a great partnership built on trust and transparency.”

Reference



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● Like to know more?

If you want to find out more about CareMonitR and Liberate Pro or our approach to Joint Working Agreements, contact [Joanna Dempsey at joanna.dempsey@eahsn.org](mailto:joanna.dempsey@eahsn.org).

● **Digital inclusion:** age doesn't have to be a barrier

Empowering people to embrace technology



Charlotte James, Director of Communications, Engagement and Marketing at Eastern AHSN, explains how we are supporting people overcome the digital barrier to manage their type 1 diabetes from their smartphone.



In today's society it is easy to think we all live in an entirely digital world, but if you like me have been trying to video call your parents during lockdown, or help them shop for groceries online, you might not be as surprised that in reality there are 12.6 million people in the UK who lack basic digital skills and a further 5.3 million people have never been online before.¹

When it comes to health, individuals of an older age are one of the main groups less likely to engage in digital technologies.² As health services continue shifting to a digital first approach, there is a danger that the inequalities in health and care already felt by this group become more pronounced.³

To avoid this danger, we should always consider ways innovations can reach people who are digitally excluded. The digital divide has been shown in even sharper focus during the pandemic. It is critical that health and care services provide digital inclusion and training programmes, such as the NHS Widening Digital Participation programme, and readily consider these individuals for digital-led interventions, even if it may require additional training and support.

One individual who we have worked with this year, who once considered himself digitally challenged, is Roger, aged 69, a retired headteacher from Cambridgeshire, who has lived with type 1 diabetes for 40 years. Over the years, he has experienced first-hand a transformation in diabetes care, from glass syringes and thick needles sterilised in a saucepan of boiling water to a sophisticated smartphone app – *CamAPS FX* – which uses an adaptive algorithm to continually respond to and administer his optimal dose of insulin 24 hours a day.

Eastern AHSN has supported *CamDiab*, the company commercialising *CamAPS FX*, by working with it to develop its key messages and communications to succinctly tell its story and engage people living with type 1 diabetes. We also helped it develop an animation to easily explain how the app works and its positive impact of making living with type 1 diabetes easier.

What is type 1 diabetes?



Type 1 diabetes is a life-threatening chronic condition that requires ongoing monitoring through life and has a life-long impact on both those diagnosed with it and their families.

It occurs when the pancreas no longer produces insulin, which helps the body to keep blood glucose levels from becoming too high or too low. This means that people must constantly monitor their glucose levels via finger-prick tests or glucose monitoring devices and adjust their insulin doses via injections or insulin pump according to their diet, activity levels and lifestyle.

“If I can do it anyone can”

– Roger’s story

What is the CamAPS FX app?



Developed by researchers at the University of Cambridge, the CamAPS FX app helps people more easily manage their diabetes by mimicking the key functions of a working pancreas. The app communicates autonomously with the person’s continuous glucose monitor and insulin pump and uses a complex adaptive algorithm to automatically calculate and administer the optimal dose of insulin, reducing the burden of living with diabetes and allowing them to lead more flexible and spontaneous lives.⁴

At the time I was diagnosed, knowledge and treatment of diabetes was very limited compared to now. I was given very little support, although my mother-in-law lent me her British Diabetic Association handbook and I can remember sitting in our kitchen with my wife holding open the pages of the book while I taught myself how to do the injections.

Admittedly, I hadn’t heard of the CamAPS FX app before, but when my two children heard I’d be managing my diabetes from a

smartphone they laughed their heads off! Prior to the research, the extent of my knowledge of using a phone was switching it on, making a call and switching it back off but, with some support from the very knowledgeable clinical team at Addenbrooke’s Hospital, I got on really quite well with the smartphone and the CamAPS FX app. Its ability to control and treat your diabetes is just tremendous and very liberating.

Now, when we go out for meals, all I need do is take out my smartphone, enter the carbohydrate count and away it goes. I can see my levels instantly and can do everything I need to do on the phone. Before I had the app, I needed to carry around with me needles and insulin and would go to the toilets to do a finger-prick test and injections as needed. That’s all taken care of now with complete discretion.

Another time we benefitted from the app was at the beginning of the COVID-19 pandemic when I’d taken a real bad turn. I was thinking the worst, but the app was providing a continuous reading of my blood glucose levels, which was a great reassurance. At one point, I fell asleep and my wife was worried I may be going into a diabetic coma, but she quietly checked my blood glucose levels on my phone while I slept and could see all was well. The app provides peace of mind, which is a benefit both to mine and my wife’s quality of life.

The other knock-on-effect is now I feel more comfortable using a smartphone, so I can use my phone to contact my grandchildren on WhatsApp, which was fantastic during lockdown, and even get the weather forecast. Before I started on the app, I’d never have been able to do anything like that.

It is amazing how much treatment has changed since I was diagnosed. I really feel like I’ve come from the desert into the digital world. The CamAPS FX app really is transformational and if I can do it anyone can.

“When my two children heard I’d be managing my diabetes from a smartphone they laughed their heads off!”

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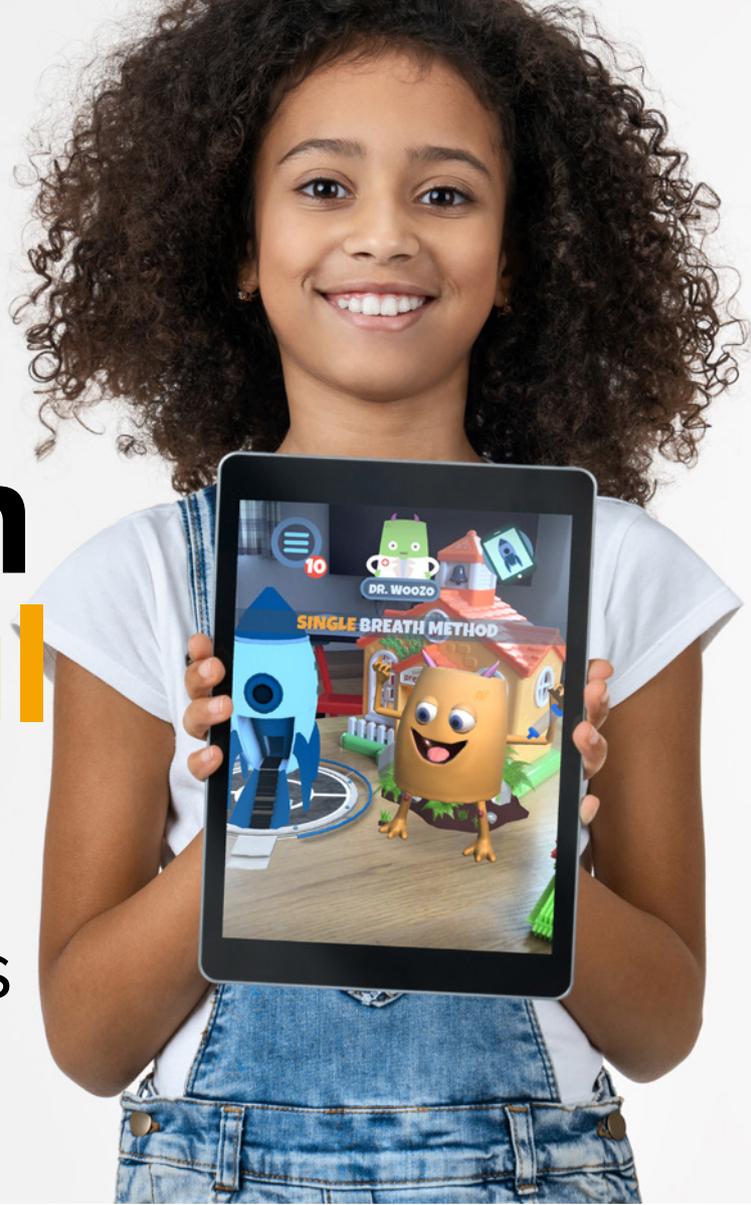


● Want to know more?

Find out more about our work with CamDiab on our [projects page](#)

It takes more than a spoonful of sugar:

Connecting innovators with local healthcare



Carol Roberts, Chief Executive at PrescQIPP, explains how her organisation worked with Eastern AHSN to run a series of innovator-matching events to support better use of medicines in the East of England

The mission of *PrescQIPP* is to help NHS organisations improve medicines-related care. We are a community interest company funded by clinical commissioning groups (CCGs), commissioning support units and health boards.

We partnered with Eastern AHSN to host two events to showcase innovations with NHS stakeholders and representatives from healthcare partners across the region.

We have worked alongside Eastern AHSN for years and knew it had an incredible network that could help us in our mission.

First, we set a challenge question for the pitches: how do we improve patient outcomes through medicines optimisation, compliance and adherence? The Eastern AHSN team identified suitable innovations that had been through their innovation review panel and invited them to pitch their solutions to us to explain how they could support healthcare services to answer the challenge.

One of the innovations we identified as particularly valuable was *MySpira*, the world's first augmented reality children's asthma and inhaler training app. Asthma attacks

“We have worked alongside Eastern AHSN for years and knew it had an incredible network that could help us

are the most common reason for urgent admissions to hospital in children and young people in England, but 75% of asthma admissions are thought to be preventable¹. Preventable admissions are generally attributable to incorrect use of inhalers, due often to insufficient time to train young patients in the clinic.

MySpira teaches six to 13-year-olds how to correctly use their inhaler. Using a mobile phone, the child completes eight fun modules on the app, helping them better understand their disease and how to manage it. Research has shown that the *MySpira* app substantially outperforms leaflets or videos when measuring the user’s recall of critical asthma and inhaler information².

The app has been developed by Orbital Media in Stowmarket, Suffolk, in collaboration with the University of Suffolk.

Since the matching event, 2,400 licences for the *MySpira* app have been procured for local childhood asthma services across the Suffolk and North East Essex Integrated Care System, the Southend CCG, Basildon CCG, Brentwood CCG and Castle Point CCG.

Our collaboration with *MySpira* is just one example of Eastern AHSN introducing new and valuable innovator connections to us. Following the success of the two matching events in October 2020, we ran another in April 2021 to a wider audience to help us identify further promising opportunities for us to support innovations at a national level.



Watch a demo of *MySpira*

¹ Asthma UK. (2014). Time to take action on asthma. Available: <https://www.asthma.org.uk/globalassets/campaigns/compare-your-care-2014.pdf>. Last accessed 10/05/21.

² Al-Naimi, S., Brady, P., Andrews, T. (2021). Examining the Efficacy of a Novel Augmented Reality Mobile Delivery Platform for the Enhancement of Asthma Care Education for Children. *International Journal of Interactive Mobile Technologies (IJIM)*, 15 (7).

References



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● How we can help

Find out how we help providers get faster access to the latest innovations and technologies to deliver excellent patient care on our [website](#)

Easy Peezy

Delivering a reliable urine sampling system



Giovanna Forte from Forte Medical tells us about its innovation, Peezy Midstream, and the support received throughout 2020/21

The experts at Eastern AHSN are working with us to navigate supply chain and pricing challenges, overcome common procurement barriers and help us build evidence of savings to healthcare services for our novel midstream urine sampling device, *Peezy Midstream*.

The Forte team developed *Peezy Midstream* in response to challenges involved with collecting clean-catch urine samples using traditional hit-and-miss methods, which require the patient to start-stop-start, which can be difficult, especially for pregnant women and the elderly. This practice has led to high levels of specimen contamination, leading to unreliable results and costly repeat patient appointments and tests.

Peezy Midstream was designed by an NHS GP; it is a manual device that allows the user to collect a laboratory-ready midstream sample comfortably into a tube that is compatible with automated urinalysis equipment. This removes the need for decanting urine and eliminates any unnecessary post-collection handling and the resulting risk of contamination or false positives. It is especially valuable in antenatal services, where urine testing is a regular and important part of the maternity patient pathway.

We pitched *Peezy Midstream* to the Eastern AHSN Innovation Review Panel in October 2020, which allowed us to highlight the impact it has on reducing urine contamination rates. We received valuable feedback from this expert and diverse group of NHS subject matter experts. The panel agreed that *Peezy Midstream* satisfies an important unmet need to reduce specimen contamination.

“Rubbish in, rubbish out. If you don’t get the right specimen, all the clever work done in the lab won’t work”

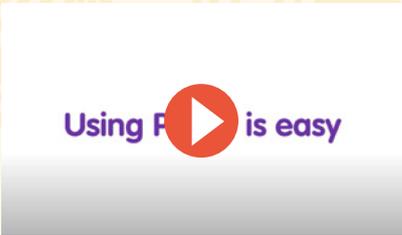
– Mark Wilks, Microbiologist, Queen Mary University of London and Barts Health NHS Trust



We were invited to present at both Eastern AHSN's clinical innovations forum event and an innovation-matching event with stakeholders from NHS clinical commissioning groups across the region, delivered in partnership with *PrescQIPP*.

We expect our work with Eastern AHSN to accelerate the adoption and spread of *Peezy Midstream* across England, including the establishment of evaluations in more NHS primary care settings in 2021. We also hope it will be able to help us develop our key messages and communications strategy to strengthen our voice to buyers, commissioners and clinicians.

We are already growing quickly in the USA, with a number of agreements and sales in place. We still want to ensure we can continue to deliver impact within the NHS and the UK and are confident our partnership with Eastern AHSN will help us do so.



How to use Peezy Midstream

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Great ideas wanted

Do you have a great idea that could make a positive health impact? **Get involved.**

Our impact in numbers

Throughout 2020/21 we have worked with our partners to turn great ideas into positive health impact. At a glance, here are some of our achievements during that time, but you'll find many more facts and statistics to demonstrate our impact on specific initiatives throughout this review.

27 new GP practices

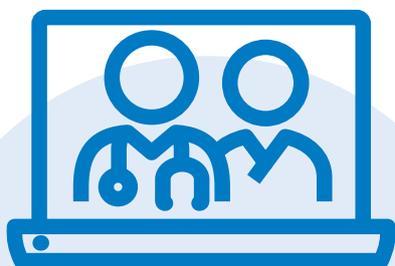
adopted PINCER to reduce prescribing errors in primary care, taking the total number to **143 in the region**



Community pharmacists used the Electronic Medication Optimisation Pathway (EMOP) to review prescriptions for **4,662 people** leaving hospital to reduce the risk of medication errors and readmissions

10 people

with highly complex mental health needs were supported through the **Serenity Integrated Mentoring (SIM) programme**



We distributed **£3 million** worth of hardware, including **4,500 laptops**, to primary and secondary care providers and trained staff to conduct virtual consultations



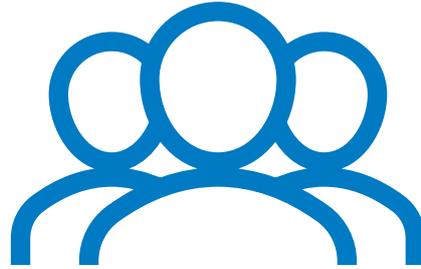
4,375 pregnant women

used Placental Growth Factor (PIGF) tests to help rule out pre-eclampsia quickly so they received the **most appropriate care**

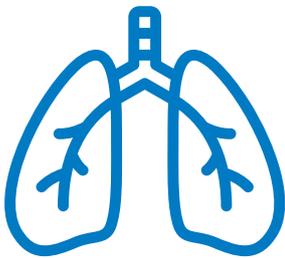
306 people
used **HeartFlow**
to get **3D scans**
of their heart and avoid
invasive angiograms

117 people
with very high cholesterol
were treated with
PCSK9 inhibitors
as part of our wider lipid
management
workstream

300+
attendees
at our cardiovascular
disease
seminar
series



To support collaborative relationships with the NHS, we empowered **21 patient and public representatives** through a leadership training programme, in partnership with the **King's Fund**, **East of England Citizens' Senate** and the **NHS Leadership Academy**



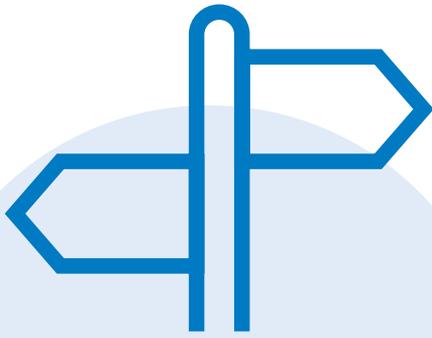
EarlyCDT Lung, a simple blood test, identified **277 smokers** (current and former) with a heightened risk of lung cancer for urgent triage to CT scanning



More than **100 staff in 200+ care homes** have used the Whzan Blue Box to monitor residents' vital signs, enabling GPs to complete virtual ward rounds safely during the pandemic

More than **4,566*** **patients** recovering from COVID-19 were **monitored at home** through the Covid Oximetry at Home pathway

**between 1 Nov 2020 and 28 Feb 2021.*



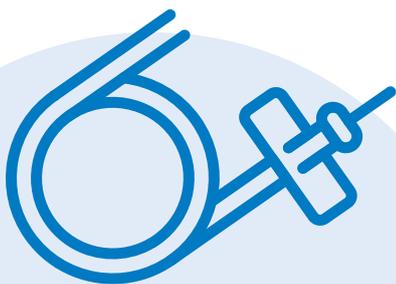
We reviewed **192 innovations** to determine their needs and 49 benefitted from the opportunity to present their ideas to our **expert Innovation Review Panel**



We entered into partnership agreements with **10 innovators** to support their growth and **provide an income** for us to **reinvest in our work**

126 innovators benefitted from our insight to impact masterclasses

Our innovator support toolkits have been downloaded **900+ times**



2,960 SecurAcaths

were used to reduce vascular catheter complications

124 men with prostate cancer were managed with SpaceOAR during their radiation therapy to target their cancer but **reduce damage** to healthy tissue around the rectum

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And the winner is...

Our priority is to deliver patient impact and help healthcare services quickly realise the value of innovations, but it is also important to celebrate when a project is recognised by an award or commendation. Some of our work acknowledged in the past year includes...

Health Data Research UK (HDR UK) – Team of the Year

In June 2020, the team behind the Rare Diseases Sprint Exemplar project was awarded Team of the Year by HDR UK. The judges recognised a collaborative effort that brought together a highly functional interdisciplinary team, including Eastern AHSN staff. Working with the NIHR BioResource, and led by Professor John Bradley at Cambridge University Hospitals, the team focused on integrating research and genomic data across three rare disease groups, supplemented by electronic patient record data from five NHS trusts, and making the combined data available via a secure online research environment. Within just 10 months, the team delivered a proof-of-concept research resource with the potential to transform understanding of rare genetic disorders. The model is now being developed and scaled to deliver *Gut Reaction*, the Health Data Research Hub for Inflammatory Bowel Disease.

Find out more on our [website](#).





The Health Service Journal (HSJ) Awards 2020

Two AHSN network programmes were shortlisted for the Health Service Journal Awards in November 2020.

Based on national data, and with input from Eastern AHSN and Yorkshire and Humber AHSN, the first of the programmes, in *atrial fibrillation* (AF), was shortlisted for Primary Care Innovation of the Year. Atrial fibrillation is the most common cause of an irregular heart rhythm and the cause of 20% of strokes. In 2019/20, 14,280 new cases of AF were diagnosed in the Eastern region, on top of 8,622 the year before.

In partnership with West of England AHSN, the *PReCePT* (Prevention of Cerebral Palsy in PreTerm Labour) programme was shortlisted for the Workforce Initiative of the Year. *PReCePT* aims to increase awareness and knowledge among maternity and neonatal staff about the use of magnesium sulphate as brain protection during preterm birth.

The programmes shortlisted for HSJ awards are underpinned by a collective, system-wide approach and are testament to the energy and collaborative spirit of our stakeholders and network. Find out more [here](#).

Finalists: Excellence in Corporate Communications

Eastern AHSN is a finalist in the Communiqué awards in recognition of our corporate communications, including the development of our purpose and marketing materials. The awards recognise excellence in healthcare communications and winners will be announced in September 2021.



Active+Me – Self Care Forum Coronavirus Innovation Award 2020 (highly commended)

The use of Aseptika's *Active+Me* technology to support people with cardiac problems during the first national lockdown led to the initiative being highly commended. Cardiac rehabilitation services at Cambridge University Hospitals NHS Foundation Trust were converted with support from Eastern AHSN from face to face to a technologically enhanced online service, monitoring patients' physical signs at home via an app that also included a process for encouraging patients to manage their own health.

Find out more [here](#)



NHS Innovation Accelerator (NIA)

In March 2021, the NIA announced 12 innovators selected to join its award-winning programme, delivered in partnership by the AHSN Network and NHS England. These innovations offer solutions to some of the most pressing needs in the NHS and will be supported over three years to scale across the NHS in England.

Eastern AHSN supported three innovations joining this year's NIA programme;

Little Journey – Dr Chris Evans, CEO and Founder

A health behaviour-modification tool designed to reduce children's anxiety before a healthcare procedure. The *Little Journey* smartphone app provides end-to-end support for families through age-tailored immersive and interactive content.

Vinehealth – Dr Rayna Patel, Co-founder & CEO

A platform that uses behavioural science and artificial intelligence to improve the quality of life and survival of cancer patients through highly personalised patient support. *Vinehealth* allows patients to understand and optimise their care, as well as to communicate with their care team.

Cyted – Marcel Gehrung, CEO

Cyted provides services for the earlier detection of disease through its proprietary machine learning and digital pathology infrastructure. It has an initial focus on oesophageal cancer, using a device called *Cytosponge*. Find out more on our [website](#).



Cambridge Paediatric HealthTech – Accelerate@ Babraham Start-up Programme

Selection of the winning cohort for the Accelerate@ Babraham Start-Up Competition took place in July 2020. One of the four selected start-ups was *Cambridge Paediatric HealthTech*, which Eastern AHSN has been delighted to support. The company secured five months' access to Accelerate@Babraham's bio-incubator facilities, £10K non-dilutive funding and personal mentoring from renowned experts, and can access the Babraham Research Campus's extensive networks. *Cambridge Paediatric HealthTech* CEO Tamsin Holland-Brown was featured in our [last impact review](#).

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Coming up in 2021/22

At Eastern AHSN, we have a passion for health and technology and a desire to take healthcare forward and solve difficult problems for the benefit of our community. In 2021/22 and beyond, we will continue to support our local healthcare system in the response and recovery from the COVID-19 pandemic. We will continue to support innovators from insight to implementation – helping them design and engineer new technologies and products, navigate complex systems and generate value propositions that make a positive and lasting health impact.

We will also be supporting the following national programmes on behalf of the AHSN Network to deliver impact in the areas outlined below.

**Reducing suicide
and self-harm**

**Improving
sexual safety**

**Early interventions
for eating disorders**

Reducing restrictive practices

**Quicker diagnosis of ADHD
with evidence based testing**

**Reducing cholesterol
with medication
to improve lipid
management**

**Improving
diagnosis of Familial
Hypercholesterolemia
(FH) via expanded
testing**

**Detection of Atrial
Fibrillation (AF)**

**Using fractional
exhaled nitric oxide
(FeNO) testing for
asthma diagnosis**

**Increasing the
uptake of biologics
in severe asthma**

**Increasing the
proportion of eligible
patients receiving
the asthma and copd
discharge care bundles**

Increasing the proportion of smoke-free pregnancies

Spread and adoption of the preterm perinatal optimisation care pathway

Improving the early recognition and management of deterioration of women and babies

Expanding use of tamoxifen for the prevention of breast cancer in women at known risk

- Prevention, identification, escalation and response to physical deterioration in adults and children
- Medicines safety focused on safer administration of medicines in care homes

- Prevention, identification, escalation and response to physical deterioration in adults and children
- Increased adoption and spread of evidence based care bundles

■ Transformation for service improvement ■ Transformation for patient safety

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● **Find out more**

If you want to find out more, contact us [here](#).