

# Eastern AHSN 21/22: Business Impact Report



# Context and Executive Summary

## About this document

- This slide deck acts as an adjunct to our assurance submissions and our internal Board reports. It summarises the impact achieved by Eastern AHSN in 2021-22, primarily on work funded by the NHS England commission. We have also briefly summarised our achievements in the Office for Life Sciences and NHS Improvement commissions.

## Executive Summary

- Eastern AHSN has an excellent track record of delivery, as evidenced by our achievements in the adoption and spread of innovation, our patient benefit numbers and the breadth and depth of our support to an exceptionally high number of innovators.
- We have shown that we are a nimble, highly-skilled, diverse and responsive team that has supported our regional team and system during and post-Covid on a wide range of commissions.

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**NHS England commission:  
National adoption and spread  
and local system working**

# Background to our achievements in 2021-22

- We spend approximately half of our NHS E commission resources on supporting adoption and spread projects and Rapid Uptake Products (RUPs). The other half is spent on supporting the regional team and local healthcare systems. There are times when this balance has shifted slightly, for example in response to embedding the new national programmes, although the 50/50 split broadly remains.
- We have grown our team significantly over the past two years, bringing in a range of highly skilled change managers and implementation specialists. The team has built excellent working relationships with key stakeholders, enabling us to deliver the commission as trusted partners. The team is not structured by therapeutic area, which supports our ability to be responsive to the changing needs of the commission.
- Whilst some areas of the portfolio have faced specific regional challenges (e.g. lipid management secondary care capacity and specialist asthma capacity) we have mostly met or exceeded our agreed trajectories for both locally directed work and our national project portfolio.
- We also take responsibility for projects and tasks across the AHSN network, such as taking the national lead role on the new transforming wound care adoption and spread project. Our CEO is leading the new AHSN national programme and pipeline development group and was one of the key authors of the recent Network business plan.

# Summary of Adoption and Spread and Rapid Uptake Products projects



## Cardiovascular disease (CVD) prevention

Lipid management

Supporting uptake of High intensity statins: A lipid lowering therapy

Supporting uptake of Ezetimibe: A lipid lowering therapy

Supporting uptake of Inclisiran: A lipid lowering therapy

Supporting uptake of PCSK9i: A lipid lowering therapy

FH

FH child/parent screening pilot: Piloting a blood test to detect FH during children immunisation appointments

FamGenix: Piloting a digital tool to map family health history

High blood pressure

Blood pressure optimisation: Supporting the detection and treatment of high blood pressure in primary care



## Respiratory

Asthma biologics: Supporting the uptake of biologics to treat severe asthma in secondary and tertiary care

Asthma FeNO: Supporting faster and more accurate diagnosis of asthma in primary care



## Medtech Funding Mandate (MTFM)

GammaCore: A device to prevent and treat headache pain

SecurAcath: A device to secure catheters in place

PIGF: A blood test to rule out pre-eclampsia in pregnant women

Heartflow: Generates a 3D model of a heart using CT scan data



## Mental health

Early Intervention Eating Disorders: Supporting adoption and spread of a rapid response pathway to funnel at-risk patients into treatment

FOCUS ADHD: Supporting providers to improve the diagnosis of attention deficit and hyperactivity disorder (ADHD)



## Wound care

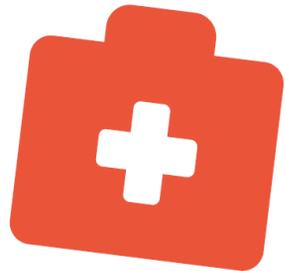
Transforming wound care: Reducing variation in the treatment of leg and foot ulceration for patient benefit and system savings

Projects marked with this symbol have faced challenges and are RAG rated red:

- Inclisiran has seen a lower-than-expected start to prescribing numbers due to delays in formulary status
- PCSK9i has seen a quarterly decrease in prescribing (national trend) partly due to Lipid Clinic capacity and new treatment options added in the pathway
- A lower number of patients have been initiated on an asthma biologic than planned, primarily due to workforce capacity issues in the system.

All other projects on track or exceeding agreed trajectories.

# Our national achievements in numbers

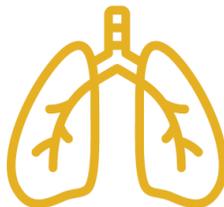


**86** 16-25yr olds  
with eating disorders  
supported to access NICE  
recommended treatment through  
FREED programmes, saving  
an estimated  
**£57,448**

**454** families  
benefitted from the QbTest  
to identify or rule out ADHD



**309** FeNO tests  
identified **34** people with asthma  
as well as supporting  
**45** medication adjustments



**100%**  
of our eligible sites  
have adopted **GammaCore**  
a device to prevent and treat  
cluster headache pain



**425** people  
avoided invasive  
angiograms using  
**HeartFlow**  
**18% up** on last year

**5**  
**more providers**  
**in our region**

have adopted placental growth  
factor (PIGF) testing to rule out  
pre-eclampsia, taking the total to

**12**



# Working with NHS England East

- We have a positive and collaborative relationship with NHS E&I EoE, as evidenced by our agile response to direct requests for support. This year, we have:
  - Supported a series of Covid **Radical Recovery workshops** with key regional stakeholders. This led to the development of an **evidence-based implementation support pack for remote monitoring technology**, a horizon scan of technology and the subsequent **identification of an AI tool which we are piloting and evaluating to support the elective backlog**. This is the first evaluation of its kind for such an innovation.
  - Responded to a request to review **lessons learned from surge centre planning**.
  - Developed an **evaluation framework for the Digital First Primary Care team**. The framework supports planning for project delivery and evaluation to facilitate the funding application review process, knowledge exchange and scale up.
  - Undertaking a **significant review of digital rehab pathways** across the East of England and understand their impact on health inequality.
- We are also **embedded in all regional clinical networks** with a significant roles including board membership and supporting the operational delivery of different networks

# Working with our local ICSs

- Alongside our individual projects, we are continuing to develop relationships with the leads for the five ICSs for whom we are responsible, although there are challenges in some areas. A summary of recent developments:
  - Suffolk & North East Essex (SNEE) – We have continued to **part-fund our innovation implementation manager. This helped to secure £255K of local innovation funding at the year end to conduct programmes on Long Covid and oncology next year.**
  - Cambridgeshire & Peterborough – We developing a part-funded Innovation Ambassador role to support the development of commercial expertise and projects focusing on inequalities (as discussed during the dinner of our AAC visit). We co-led the **successful Health Foundation Innovation Hub** for the ICS (one of only 4 awarded from nearly 80 bids).
  - Beds, Luton & Milton Keynes (BLMK) – We are progressing with recruiting an **innovation ambassador which is match funded by the ICS and Oxford AHSN**. We co-facilitated a **workshop examining innovation** for 40 stakeholders which will support the development of the ICS's innovation strategy.
  - Norfolk & Waveney – Our CEO has met with the newly appointed ICS AO. This is an ICS that has faced significant challenges including workforce capacity and a high proportion of providers in special measures.
  - Herts & West Essex – The ICS AO has been on sick leave but many of the projects we are involved in are at a provider- or place-based level. We have developed particularly fruitful collaborations with Hertfordshire Community NHS Trust this year.

# Working with our academic partners

- Our work with the **NIHR East of England ARC** has developed significantly this year. Our **Director of Delivery has been appointed as the ARC's implementation lead** and we are developing a joint strategy with the intention of scaling ARC programmes where appropriate. The ARC has provided £40K of funding to support the implementation work of the AHSN in 22/23.
- Funding through the **NHS Insights Prioritisation Programme to evaluate remote monitoring in 4 ICSs** has further strengthened collaboration. We also have a live local project that has directly progressed from the ARC to the AHSN for implementation support.
- We have partnered with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), the University of Cambridge and the ARC to **develop a values-based approach to the depression pathway**, combining patient and clinician perspectives with latest evidence. The project is known as 'informing VALues-based practice in persistent Depression (i-VALiD)'.
- We are working closely with Cambridge University Health Partners (our local AHSC). We have each input into a map of the research and innovation ecosystem and are contributing in distinctive ways to the ICS's research & innovation strategy. We are also exploring new ways of working with UEA Health & Social Care Partners.
- Partnership working with **Anglia Ruskin University** (also a partner within CUHP) is underway re: student placements as well as SMEs via the launch of the Harlow Arise Innovation hub. we regularly offer placements for **Cranfield University** MBA and Master students and **University of East Anglia** clinical psychology and medical students.

# An overview of our local projects



## Cancer

Oncimmune CDT:  
Detecting lung cancer  
up to 4 years before  
symptoms

C the Signs:  
Helping GPs spot  
signs of cancer

Cytosponge:  
Detecting oesophageal  
conditions such as  
Barrett's oesophagus

Skin Analytics (now closed): Teledermatology in primary care



## Improving clinical decision making

Medwise:  
An AI-powered platform to improve  
clinicians' access to the latest  
guidance and advice

Frail+LD:  
A tool to accurately assess frailty risk  
in those with learning disabilities



## Supporting operational improvement

MediShout:  
A platform to enable the reporting  
of issues with the estate by  
staff, visitors and patients.

DASHclinic:  
An innovation to better  
manage outpatient waiting times



## Medicines Optimisation

DMS in Mental Health Trusts: Supporting  
adoption of the Discharge Medicines  
Service to support meds rec and review  
after discharge from mental health trusts

Opioid deprescribing with ARC East of  
England: A toolkit to support opioid  
deprescribing across the system



## Cardiovascular disease (CVD) prevention

CDRC: A risk stratification tool to  
identify patients who could benefit  
from lipid optimisation

FibriCheck app and Zio XT biosensor  
patch: Secondary care-led AF screening  
using remote monitoring

Evaluating CareDoctR (an innovation to improve patient recall and monitoring in  
primary care) and LiberatePro (a platform to support self-management)  
in managing patients with heart failure and diabetes



## Preventing deterioration on waiting lists

C2AI:  
An innovation to help prioritise patients  
waiting for procedures

Worthwhile Waiting:  
Social prescribing in primary care  
for patients on waiting lists



## Remote monitoring

Evaluating 5 RM pathways in  
4 ICSS (part of the National  
Insights Prioritisation  
Programme)

Evaluating a COPD virtual  
ward (commissioned work  
with Health Innovation  
Manchester)

Whzan:  
Remote monitoring to  
detect deterioration in  
care homes



## Additional support

MySpiro: Supporting  
children with asthma to  
improve their compliance  
and Inhaler technique

Facilitating a community  
of practice to support  
implementation of  
healthy.io across 3 ICSS

Supporting the Regional  
Digital First Primary  
Care team to improve  
its support for evaluation

# Our local achievements: Real world validation

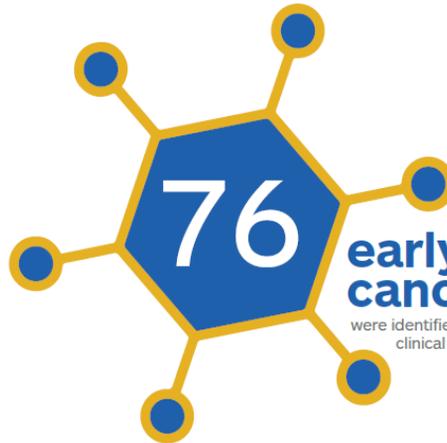
- We have **initiated 13 evaluations** this year. We have worked with a range of external stakeholders to appropriately scope these evaluations and most have been contracted to **independent evaluators**.
- A number of our complete local projects have shown very promising results, including:
  - An **increase in Patient Activation Measure (PAM)** scores for those using **Active+Me, a digital solution** to support the delivery of **cardiac rehab** at Cambridge University Hospitals during the first wave of Covid-19. The proportion of patients reporting an increase in PAM scores was highest in high-risk patients. Read more [here](#).
  - **Improved patient outcomes, reduced secondary care footfall and savings to the system through using Skin Analytics** - a **remote teledermatology consultancy service** piloted in 14 GP practices in Norfolk and Waveney. Taking into account the cost of the service and the number of referrals recommended by the RC to secondary care, the evaluation found savings of £11,929 for the 14 practices involved in the pilot. This was extrapolated to savings of £89,876 if the service was scaled across Norfolk and Waveney. Read more [here](#).
- We are now developing a plan to support the adoption and spread of these innovations across the region and elsewhere for further testing.

# Our local achievements in numbers



**Over 4500 people**

have been invited to a pilot to detect Atrial Fibrillation (AF) using remote monitoring technology, in an initiative led by secondary care. **To date 14 people have been identified as having possible AF and requiring further investigation and 4 people have been diagnosed**



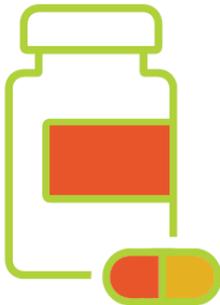
**76 early-stage cancers**

were identified after using the **C the Signs** clinical decision support tool in primary care

**22**

**Discharge Medicines Service (DMS) referrals**

have been made by Mental Health Trusts, in order that patients can benefit from medication support from their community pharmacy team following an admission.



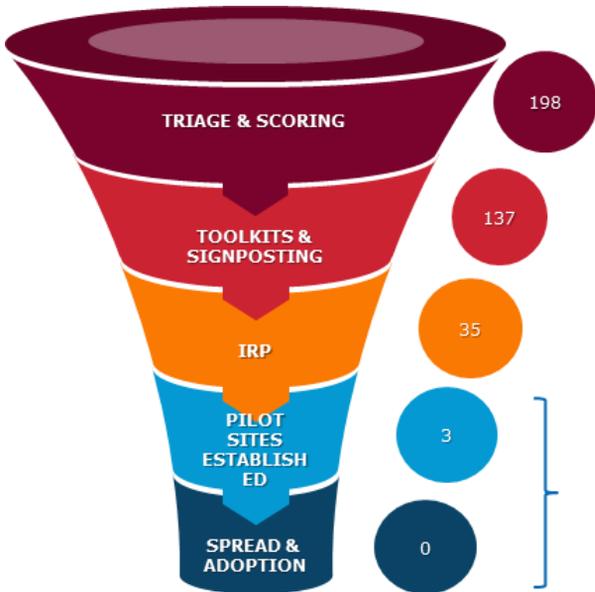
**1749 patients**

participated in a pilot to detect signs of lung cancer through a blood test in primary care. **298** patients had a positive test result and **291** were referred for a CT scan and follow-up. **19** cancers were detected as a result



# OLS commission

# OLS commission: summary (1)



- Between April 2021 to March 2022, we have triaged a total of 198 innovations, out of which 35 have gone through our Innovation Review Panel.
- 849 individual company contacts have been recorded this year across the different levels of engagement (L0-L5), this equates to almost 17% of the national AHSN network's activity.

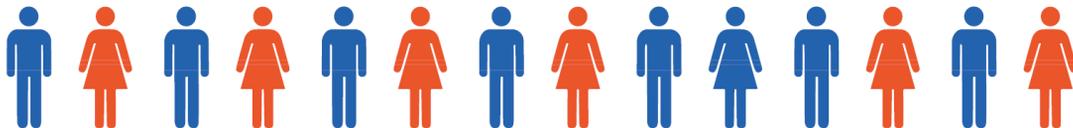
These figures are specific to IRP innovations only

Total companies supported	L0	L1	L2/3	L4	L5
849	8	302	304	71	164

## OLS commission: summary (2)

- Our horizon scanning activities exceeded annual targets, with 39 exercises conducted across the year.
- Innovation Exchange events are progressing around workforce efficiencies, cancer, community diagnostic hubs, mental health and social care.
- Horizon scanning activity and background research across the AHSN network led to the selection of a long covid solution to be funded and implemented within SNEE ICS.

**24.8** jobs created **19** jobs safeguarded



**Investment leveraged**  
with Eastern AHSN support:

**£24,070,567**





# **NHS Improvement commission**

# NHS I Commission: Key achievements (1)

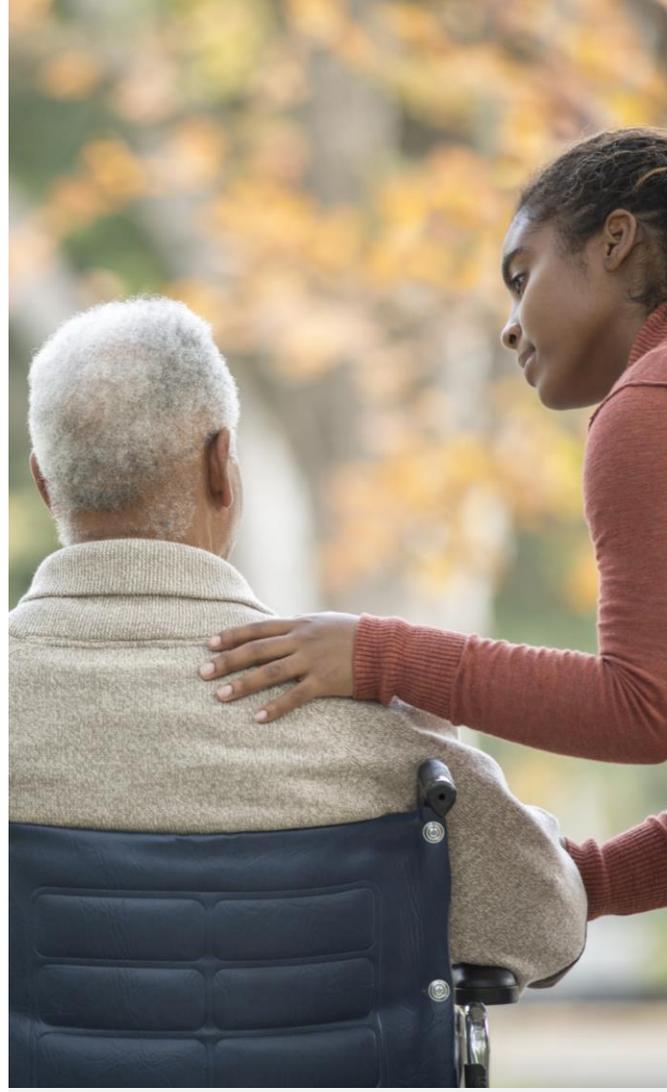
## **Deterioration**

75% of care homes have implemented deterioration management tools, digital and paper based.

We have submitted seven case studies to the national team on our work to date covering topics including medicines safety, care homes, remote monitoring and networks

We have developed a UK-wide remote monitoring care homes network to share learning and implementation strategy

We have completed focused work on a deterioration dashboard within one ICS to support further scale-up





## **NHS I Commission: Key achievements (2)**

### **Maternity and Neonatal Safety Improvement Programme**

For the first time, the East of England region achieved 90% of babies being born in the right place, a significant improvement from 57% in 2017 when the Eastern region was one of the worst in the country.

Leading and supporting the regional groups to address inequalities in health and ethnic minority staff, and contribution to this agenda nationally. This has enabled all the local maternity and neonatal systems to be successful with their Equity Analysis Plans submitted in November 2021.

# NHS I Commission: Key achievements (3)

## **Mental health**

- The commitment from trusts and wards for the Mental Health Safety Improvement network and reducing restrictive practice is to be commended in light of the considerable pressures systems have faced. Eastern AHSN has worked with providers in Hertfordshire and West Essex; Norfolk and Waveney and Cambridgeshire and Peterborough to support this work, and intends to support further adoption and spread in 22/23.

## **Adoption and spread**

- Our support for COPD and Asthma discharge bundles ended in March 2022, however the work is continuing through the Respiratory Specialist Nurses Regional Network which proves to be a supportive and safe space for nurses from the different respiratory service settings (acute, community and primary care) across the region to discuss, learn and share about relevant topics.

## **Medicines safety**

- We have supported two care homes to undertake Safety Attitudes Questionnaire (SAQ) and debrief staff

The image features a dark blue background with a faint, light blue network diagram. The diagram consists of several interconnected circles of varying sizes, representing nodes in a network, with thin lines connecting them. The circles are scattered across the page, with a higher concentration in the top and bottom corners. The central text is white and bold, standing out against the dark background.

# **AHSN Network contributions**

# Eastern AHSN's Network contributions

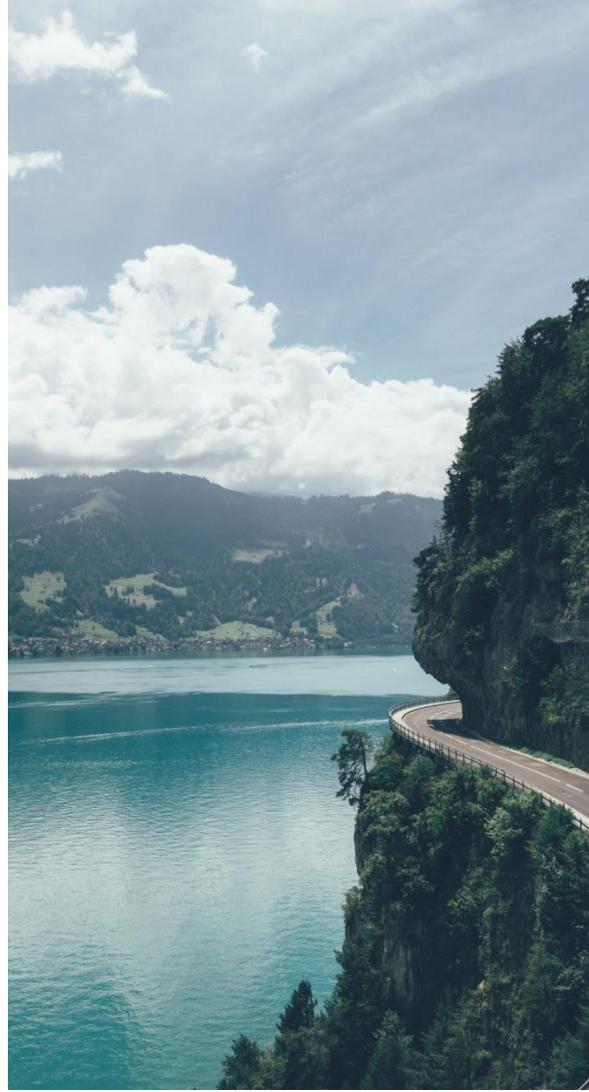
- Our **Chief Executive** stepped down as AHSN Network Chair on 31 March 2021 but continues to be heavily involved in supporting the development of the **AHSN network strategy and business plan** (specifically the newly developing national programme and pipeline process for new national programme selection), as well as fulfilling keynote speaking commitments at various events on behalf of the network.
- Our **Commercial Director** is increasingly involved in the **Commercial Directors network as deputy lead CD** and during Q4 undertook the coordination of the 28 innovators, from across the Network, that will have 'pod presence' at the AHSN stand during NHS ConfedExpo conference in June, in addition to **co-leading an AHSN international strategy**. She is also the **Commercial Director representation for the AHSN Network Programme Operations Group**.
- The commercial team are heavily involved in the **beta testing of the NHS Innovation Service** working across the AHSN Network. **Eastern AHSN's sustainability lead** (Principal Advisor within the Commercial team) has identified opportunities for MSc students (sustainability & procurement) from Cranfield University to work across regional and network-wide net zero projects in the next financial year to support the NHS Net Zero ambition.
- Our **Director of Delivery** supported the work to identify **new national programmes** for the network and will be **leading the Transforming Wound Care national programme** from Q4 22/23. She is also a newly appointed **co-chair of the MH AHSN group**.
- Our project leads are represented in national working groups and **our approach to MTFM and RUPs has been highlighted as best practice** by both national AHSN programme leads and AAC team members.

# The year ahead

# The year ahead

We are committed to:

- Remaining a trusted AHSN partner for health and care innovation in the East of England with a track record of delivery against our goals and targets.
- Continuing to support regional and local partners in the recovery from Covid with a combination of evidenced national programmes and testing of local innovation and pathway transformation ideas.
- Supporting our ICSs to grow their capacity to innovate, primarily through our innovation manager model, assuming that this remains their preferred approach.
- Further developing our relationship with the NIHR ARC, and developing our implementation and evaluation capacity.



# Our strategic pillars for selecting projects to support in 22/23

- We have refined our strategy for selecting local projects. We have moved from therapeutic areas, to an approach whereby every project must lead to evidence-based outcomes; seek to reduce inequalities; and/or support system transformation.
- We complete an EHIA for all of our projects and consider how health inequalities can be reduced, or at the very least, not exacerbated.



## Evidence-based outcomes

We seek to support innovations which have a positive outcome on people's lives – working hours saved, fewer hospital interventions, adverse events mitigated or avoided, increased economic benefits.

Our choice of work is driven by the available evidence and our local relationships. We constantly seek to evaluate and learn, thus understanding the impact of our work.



## Reducing inequalities

Health disparities in our region are stark and can undermine people's ability to work and live long, healthy, independent lives while creating pressure on the NHS, social care and other public services. This has been worsened by the pandemic and we remain committed to work with our partners, including ICSs and NIHR ARC, to find innovations that meet diverse needs and reach those in our region most in need to reduce inequalities.



## Transforming systems

Integrated care is about giving people the support they need, joined up across local councils, the NHS and other partners. We believe we have a core role encouraging and enabling our local system to transform by removing traditional divisions, embracing the future and champion changes including embedding a culture of innovation to improve population health.

**For follow-up queries:**  
**[sarah.robinson@eahsn.org](mailto:sarah.robinson@eahsn.org)**



@EasternAHSN



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