

**Kent Surrey Sussex
Academic Health Science
Network**

Business plan 2014/15

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March 2014



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1. Introduction

1.1 Why we're here

Our vision is for people in Kent, Surrey and Sussex to receive consistently high quality care within a vibrant local economy. We will do this by nurturing innovation and speeding up the spread and adoption of best practice.

“Consistently high quality care within a vibrant local economy”

Kent, Surrey and Sussex has an ageing population with complex needs who experience unacceptable variations in the standards of care.

Growth in demand for health and social care is greater than funding growth. Unless best practice is adopted and new approaches are identified faster, the quality of care will get worse.

Yet innovation is stifled by poor collaboration.

Kent Surrey Sussex Academic Health Science Network (KSS AHSN) exists to bring together the best of industry, academia, health and social care in a sustainable network. The network will spread healthcare innovation at pace and scale and deliver high quality care within a vibrant local life sciences economy. We will work with academia and NHS England to evaluate our impact.

“Sustainable network to spread healthcare innovation at pace and scale”

1.2 Who we are

We are a new **social enterprise**, licensed in summer 2013. We are part of a network of fifteen Academic Health Science Networks across England.

We are a **membership organisation** working for NHS, higher education, local government and industry organisations in Kent, Surrey and Sussex. We work closely with existing networks who share members' ambitions to improve care, with leaders and committed staff across Kent, Surrey and Sussex. The network support office is largely staffed with secondees from member organisations.

1.3 How we are funded

Our income is earned from our members, customers and from NHS England, with whom we have a five year pump-priming contract.

Creating a sustainable healthcare innovation network - to spread innovation at pace and scale and deliver high quality care within a vibrant local life sciences economy - is a long term endeavour. To continue our work, we and the other AHSNs across England, have a finance strategy to add value and generate income from members and customers that will eventually replace funding from NHS England.

1.4 Five year strategic plan

Vision

- We will create a sustainable network focused on healthcare innovation
- Kent, Surrey and Sussex delivering consistently high quality care within a vibrant local economy

Governance

- Members hold the KSS AHSN chair to account
- The chair leads the KSS AHSN board, supported by board committees and a scheme of financial delegation
- The managing director is held to account by the KSS AHSN board and is supported by the executive team and delivery boards

Objective 1

Enhancing quality with 430,000 patients receiving consistently high quality care

Key indicator

By 2018, over 10% of KSS population has benefited from faster adoption of best practice and reduced unwarranted variation

Delivered in 2014/15 through

1. The KSS Patient Safety Collaborative.
2. Improvement programmes: Heart Failure;; Acute Kidney Injury; Pneumonia; Chronic Obstructive Pulmonary Disease; Dementia; and Fractured Neck of Femur.
3. Improvement programmes for Enhanced Recovery from Surgery; Orthopaedics; Colorectal; Gynaecology; Urology; and Emergency Surgery.
4. Dementia and emergency admissions themes including exploring care home and bone health improvement programmes.

Objective 2

Enhancing research capability across KSS

Key indicator

By 2018, KSS research capability enhanced, e.g. CTU accreditation secured

Delivered in 2014/15 through

1. Working group priorities for HEI, AHSN, CRN, HEKSS: evaluate and promote CTU bids; evaluate and, if appropriate, promote the clinical academic group model; take forward work programme elements of the CLAHRC bid; and promote CRN activity through all members.
2. Allocating funds to pump prime collaborative research proposals.
3. Establishing links with CLAHRCs nationally.
4. Catalysing a research strategy for Kent, Surrey and Sussex.

Objective 3

Enhancing the public's benefit from innovative products and services and creating a more vibrant local economy

Key indicator

By 2018 we will have added value to 75 innovations with high patient and economic benefit

Delivered in 2014/15 through

1. Our systematic process for strengthening effective industry engagement with clinicians and decision-makers.
2. Working closely with the Small Business Research Initiative to identify and jointly take forward investment opportunities.
3. Agreeing and taking forward a KSS offer to large life science companies.

2. Delivery plan

2.1 Objective 1 - enhancing quality with 430,000 patients receiving consistently high quality care

“**We will reduce variation and drive improved outcomes**”

We will reduce variation and drive improved outcomes for patients across all care settings through clinical collaboratives, evidenced process interventions and shared benchmarking data.

Achievements so far

Our Enhancing Quality and Recovery (EQR) programmes mean that more patients are already benefiting from improved compliance with best practice.

Peer review is fundamental to our approach. Four enhanced recovery peer review visits and seven community provider heart failure peer reviews have been undertaken.

We have improved outcomes for patients, including **94** potential pneumonia **deaths avoided**, over **1,100 bed days saved** in heart failure and **70 readmissions** avoided in total joint replacement and hemiarthroplasty.

20,302 more patients received best practice full care bundles in 2012/13 compared to the same period in previous year.

12,789 additional patients benefited from Enhanced Recovery pathways in elective surgery in 2012/13 (an increase of 24%).

EQR has completed whole system pathway redesign in chronic obstructive pulmonary disease with an acute provider, two CCGs, two community providers and two patient groups. We have demonstrable improvements in patient experience across integrated pathways.

Clinical collaboration is at the heart of EQR: 19 improvement collaborative meetings were held in 2012/3, attended by 1,522 people to share learning and best practice.

We have improved access and availability of the High Impact Innovation ‘intra operative fluid management’ (IOFM). This included launching and publishing a major national evidence review of all IOFM technologies. Doppler IOFM **sales have increased by 26%**, with all KSS providers delivering IOFM to 50% of relevant elective patients and many members achieving above 80%.

Priorities for 2014/15

We plan to capitalise on opportunities in all improvement activity to enhance partnership development with industry and academia.

Pathways

The existing pathways in Integrated Heart Failure, Pneumonia, Dementia, Hips and Knees, Colorectal, Gynaecology and Urology will continue with more patients benefiting from better care. The Pneumonia pathway has been updated for 2014/15, based on new evidence with higher quality levels agreed.

The Acute Kidney Injury pathway will be adopted across KSS with baseline measures of quality established and improvement levels agreed.

A COPD pathway will be delivered by acute providers to support on-going quality improvement following the national audit. We will establish a clinically relevant respiratory programme, resulting in outcome improvements for COPD, asthma and pneumonia patients and enhanced primary care.

A Fractured Neck of Femur improvement pathway will be established using new access to the national hip fracture Database and a collaborative of orthogeriatricians and multidisciplinary teams.

We will develop an improvement toolkit for primary care to identify sub optimal use of best practice pathways for heart failure.

We will extend Enhanced Recovery pathways into emergency surgery and other elective specialities to improve productivity.

Kent, Surrey and Sussex will achieve further increases in IOFM usage for appropriate patient groups.

Collaboration

We are working with the SEC Cancer Strategic Clinical Network on a retrospective audit of colorectal patients. This is to identify any possible blockages or delays within patients' specific pathways. The aim is finding opportunities to improve the physical optimisation of patients with cancer as they progress through treatment, e.g. surgery to chemotherapy to radiotherapy, resulting in the production of an integrated model of care with agreed service specification.

We are working with the SEC CVD Strategic Clinical Network clinicians and stakeholders to collaboratively develop and deliver work programmes to improve patient outcomes. These will be informed by EQ data and reporting. The SEC SCNs and Senate PPE includes development of a shared "people bank" which we will use to support our own PPE work.

Communities of practice will be established to collaborate on enhancing quality programmes in care homes and for bone health. Both of these will be aimed at reducing avoidable emergency admissions, a key regional priority.

We will mobilise the regional Patient Safety Collaborative for KSS, hosted within the AHSN.

We will host shared learning events for dementia friendly communities in KSS.

Outcome focused

EQR has a relentless focus on using benchmarking and data as powerful tools to improve patient outcomes. We are exploring developments in data analysis, including the development of a new enhanced recovery web tool to capture additional outcomes data and we will agree a future patient experience measures strategy.

Dementia

Dementia care will be improved through reporting and benchmarking on antipsychotic medication and reviews requested after discharge from an acute hospital. A new Enhancing Quality (EQ) measurement set will be explored with clinicians to improve the selection of treatment options following receipt of a diagnosis of dementia.

We are developing proposals for a peer review process for acute trusts in assessing high quality care for dementia patients.

We will deliver confidence building workshops in initiating and holding end of life care discussions with people living with and dying from dementia (and their families), to support effective care and end of life care planning.

End of life pathways and advanced care planning to reduce emergency admissions – roll out of PEACE

We will be part of the collaborative dementia work programme, led by the SCNs, which aims to develop a model of care to deliver earlier detection and diagnosis of dementia. The model

will also include post-diagnosis support, including self-management, to reduce unwarranted hospital admissions.

Commercialisation and governance

We will develop a commercialisation plan and explore opportunities afforded by the Strategic Investment Partnerships. This runs alongside establishing a revised governance and clinical engagement structure.

Our longer term plans for 2015 – 2018

We will energise a process of moving pathways from local data collection within provider services to accessing audit data from other sources where available and appropriate.

- Our future plans include: New pathways agreed by members.
- Care homes as potential new customers.
- Whole system pathway development.
- Initiation of a commercial service.

Pathways

Adopting a “maintenance mode” for highly achieving pathways will reduce the data collection burden on providers where other data sources are not available and quality gains have been achieved.

Outcomes and benefits

We will increase the number of patients benefiting from improvements in clinical outcomes. This will be achieved through improved compliance with evidence based practice. Patients will benefit from reduced variation between providers.

“ Clinicians of all disciplines working together transparently to share learning and rapidly adopt innovation and best practice ”

We will support the development of a “clinical communities” approach with of clinicians of all disciplines working together transparently to share learning and rapidly adopt innovation and best practice.

Engagement

We will establish an improvement delivery board with representation from our membership to engage members in decision making and holding us to account. This will supplement a regular programme of engagement with programme leads from all organisations.

Collaborative learning sessions engaging clinical teams will continue as a key mechanism for the spread and adoption of best practice. In line with our commercial strategy, we also intend to launch regular newsletters and expand digital communications, supporting the creation of new collaborative communities.

2.2 Objective 2 – enhancing research capability across Kent, Surrey and Sussex

Kent, Surrey and Sussex faces challenges to its research and development (R and D) infrastructure and reputation. KSS AHSN will help address this long term challenge by:

- facilitating Clinical Trials Unit (CTU) bids
- aiding Comprehensive Research Network (CRN) trial recruitment by members
- enabling aspects of the work programme developed for the CLARHC bid
- developing tomorrow's researchers with NIHR and through Health Education KSS, and
- spreading effective practice.

What we achieved in 2013/14

We agreed a method of working with the CRN and our Higher Education Institution partners that enables discrete projects to be supported. Initial meetings have outlined how we will support bids for CTU establishment. We have agreed to support delivery of the workstreams outlined in the CLARHC bid and a method of working to promote the aims of the merged CRN with our member organisations. In addition we have advertised pump priming grants for new collaborations between academics and clinicians to enable applications for further research money.

Priorities for 2014/15

In addition to progressing the work described above, we will continue to build a research-aware and enabled community by educating clinicians in research methodology through HEKSS. We will disseminate good practice by

“ We will disseminate good practice ”

evaluating the establishment of clinical academic groups in Kent and Sussex. We will also help to catalyse the development of a research strategy for Kent, Surrey and Sussex.

Our longer term plans for 2015 – 2018

In the longer term it is our intention to:

- build the programmes described above
- explore funding clinical sessions in secondary care - and possibly in primary care
- enable research within consultant job plans, and
- to work with partners to articulate themes and activity in health and social care research across KSS, in a way that is useful to our HEI, provider and commissioner, and industry partners.

Outcomes and benefits

Our plans will mean more patients are able to access research studies and more clinical trials taking place in KSS. At least one CTU will be accredited within the region.

“More patients are able to access research studies”

Some of the research programmes described in the CLARHC application will be taken forward and used as a basis to develop similar region-wide bids. An established description of the health and social care research activity in our region will bring greater coherence and collaboration.

Engagement

We plan closer co-operation and planning with the HEIs and the CRN to establish co-design as the way forward.

“Closer co-operation and planning”

2.3 Objective 3 - enhancing the public's benefit from innovative products and services and creating a more vibrant local economy

We have a partnership and customer service based approach to achieving this objective.

Strategic partnerships and collaboration

Effective networks require 'strong' ties for delivery and 'weak' ties to seek out new knowledge, and form strategic partnerships and collaborations (academia, industry, other networks etc.).

What we have achieved in 2013/14

During our first year we have identified external stakeholders and stakeholder groups, initiated contact and explored the "intelligent lead customer" model as part of our engagement with strategic partners including:

“Intelligent lead customer”

- industry (trade associations, networks and individual companies), in particular South East Health Technologies Alliance
- industry facing organisations (UKTI, LEPs, TSB). Initial discussions have helped understanding about roles and relationships with stakeholders
- academia (research and enterprise). Three Research Enterprise Services have been involved in discussions reflecting an initial emphasis on delivery
- other networks (AHSNs, CLARHCs, regional/SEC SCN, KSS CRN, HEKSS)

Priorities for 2014/15

- Industry
 - SBRI challenges to have a KSS presentation (likely to be in partnership with at least one other AHSN).
 - Engagement with ABHI, ABPI and others to identify in greater detail "what does good look like?"
 - Identify and create receptive networks open to industry and agree which industry sectors we will focus on.
 - Agree approaches and promote to industry the benefits of using our engagement process.
 - Extend the network.
- Academia
 - Engage further with Research Enterprise Services in KSS to explore linkage to AHSN and associated networks.
 - Initiate academic blog on our website.
 - Explore academic: industry: lead customer interface.
- Networks
 - Attract vibrant KSS clinical networks to engage with industry and academia through the AHSN's channels.
 - Grow the AHSN network of experts.

“Attract vibrant KSS clinical networks”

Our longer term plans for 2015 – 2018

We will extend engagement with partners and customers to promote and implement further the “intelligent lead customer” approach. Collaboration is most effective when industry interacts with lead customer”. Lead customers require a network to ensure a rich picture (multiple perspectives) of current challenges and plans - including research - to be shared.

“Better access to new products and services”

The benefits to the lead customer are better access to new products and services and greater opportunity to achieve patient and population outcomes.

The benefits to product and service developers are greater insight.

We will continue to explore commercialisation of this process. This will be continually tested, through market research, from 2014 onwards.

The Navigator Advisory Service

The Navigator Advisory Service (NAS) provides:

- a mechanism for creation of collaboration communities to identify patient and health or social care need where innovative solutions are required, and
- a portal for collation of proven innovations
- tailored support for the adoption and spread of select innovations across KSS.

“Creation of collaboration communities”

What we achieved in 2013/14

We have established a systematic and responsive approach to industry enquiries and referrals.

We have piloted our structured process for receipt, assessment and sifting of innovations with more than 30 innovations receiving individually tailored feedback and support. From this experience, the AHSN has been able to define its service more clearly.

Themed calls

“KSS dementia call 2014” launched in January. It has created a collaboration community focused on dementia, sparking new connections and wider discussion. We have piloted use of a web portal to galvanise a community to engage in debate, describing issues encountered by clinicians, providers, carers and people living with dementia. Over 200 people have registered, leading to lively conversations both online and in face to face groups. These have identified more than 60 issues which the community is currently prioritising to create a ‘brief’ for co-production of innovations with industry. We are now looking at how we can apply this approach to other topics and to facilitate new communities focused on healthcare innovation.

Horizon scanning

We have also initiated a horizon scanning process, including communication of NICE MTEP and other guidance and initiatives to members.

Priorities for 2014/15

Continue development of the service, including:

- Improving value for money of our signposting activity
- Themed calls where there is a clinical network to define customer need and achieve greater spread and adoption.
- More horizon scanning, with systematic review to identify innovations with high potential such as award winners, NICE endorsed technologies and SBRI grant recipients, and to support their spread and adoption across KSS.
- Creating a commercialisation plan, including securing initial income from industry customers.
- Exploring further strategic partnerships.

“Increase the range of signposting and access to a multidisciplinary network of advisors”

Our longer term plans for 2015 - 18

Further developments will build on the success and results of this initial phase including:

- Extending the network of advisers.
- Developing an industry engagement plan to ensure targeted engagement.
- Initiating a commercial service in 2015-16.

Outcomes and benefits

The NAS provides portal focused point of entry for high potential innovations. It supports faster development, spread and adoption of the best, new innovations to patients, carers and other service users.

It is making KSS an easier health and social care market to access and to operate in.

“Faster development, spread and adoption of the best, new innovations”

The NAS incorporates a horizon scanning process, identifying innovations with potential to spread and adopt across KSS. It acts as a means of strengthening the brand of KSS AHSN as an effective facilitator with impact and influence across the region.

Engagement

Our marketing objectives for 2014/15 are to:

- promote the proactive, themed calls and horizon scanning elements of the service amongst our members, and
- support and promote the service to respond to and identify the best new industry products and services to enable future growth.

We will do this by raising the service's profile amongst members, developing a strong presence within KSS clinical networks and university advisors, and engaging with targeted companies and innovators.

Glossary

ABHI	Association of British Healthcare Industries
ABPI	Association of British Pharmaceutical Industry
AMI	Acute myocardial infarction
CAG	Clinical advisory group
CAP	Community acquired pneumonia
CCG	Clinical commissioning group
CCRN	Comprehensive Clinical Research Network The CCRN provides support for clinical trials and other well designed studies in all areas of disease and clinical need.
CLAHRC	Collaboration for Leadership and Applied Research and Care
CRN	Clinical research network. Kent, Surrey and Sussex's CRN is one of 15 across England which form the NIHR Comprehensive Clinical Research Network (CCRN).
COPD	Chronic obstructive pulmonary disease
CTU	Clinical trials unit
CVD	Cardiovascular disease
EQR	Enhancing Quality and Recovery EQR is Kent, Surrey and Sussex's clinician-led service improvement programme. It is designed to use large scale change methodology to drive improvements in clinical practice to deliver health and economic benefits for patients and health communities.
ERP	Enhanced Recovery pathway
HEI	Higher education institution
HEKSS	Health Education Kent Surrey and Sussex
IOFM	Intraoperative fluid management During major operations when significant changes in a patient's fluid status may occur (particularly if large blood losses are anticipated) IOFM technology can guide the anaesthetist to give appropriate volumes of intravenous fluid.
IPR	Intellectual property rights
KSS	Kent, Surrey and Sussex
LEP	Local Enterprise Partnership There are three LEPs in KSS: Coast to Capital, South East, and Enterprise M3. In the coalition agreement, the government committed to establishing LEPs to replace the Regional Development Agencies.

MINAP	Myocardial Ischaemia National Audit Project
MOU	Memorandum of understanding
NICE	National Institute for Health and Care Excellence
NICE MTEP	NICE Medical Technologies Evaluation Programme
NICE TA	NICE Technology Appraisal
NIHR	The National Institute for Health Research Funded by the Department of Health to improve the health and wealth of the nation through research.
R&D	Research and development
RES	Research evaluation service
SBRI	The Small Business Research Initiative SBRI is a national programme, supported by the Technology Strategy Board, which brings innovative solutions to specific public sector needs by engaging a broad range of companies in competitions for ideas that result in development contracts.
SCN	Strategic Clinical Networks SCNs bring together people who use, provide and commission the service to make improvements in outcomes for complex patient pathways using an integrated, whole system approach. SCNs serve in key areas of major health and wellbeing challenge, currently: <ul style="list-style-type: none"> • Cardiovascular (including cardiac, stroke, renal and diabetes); • Maternity, Children and Young People; • Mental Health, Dementia and Neurological Conditions • Cancer. <p>The support team for the SCNs is funded and hosted by NHS England. There are 12 in England.</p>
SEC	South East Coast
SEHTA	South East Health Technologies Alliance
TSB	The Technology Strategy Board The TSB is the UK's innovation agency. Its aim is to accelerate economic growth by stimulating and supporting business-led innovation.
UKTI	UK Trade and Investment UKTI works with UK-based businesses to ensure their success in international markets, and encourage the best overseas companies to look to the UK as their global partner of choice.