

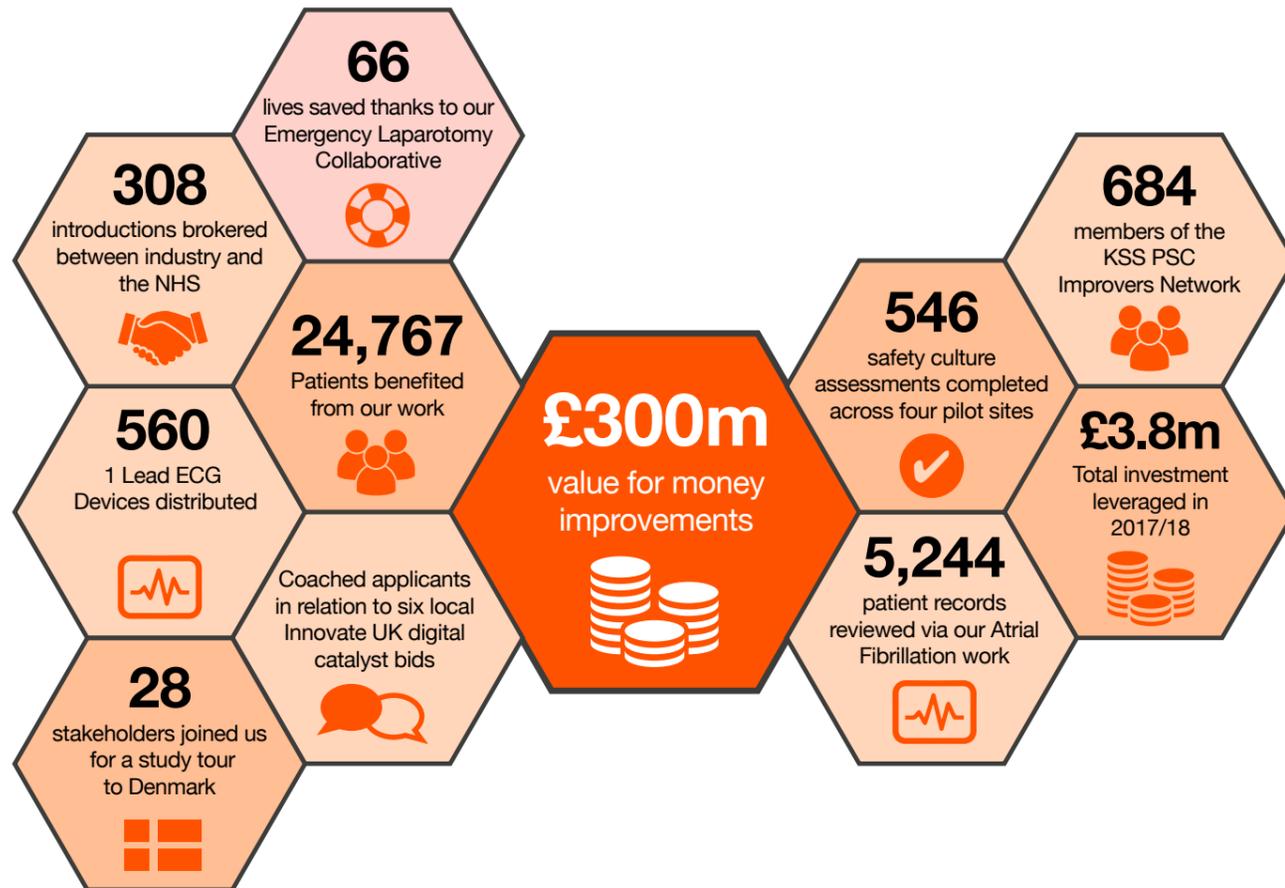
Update briefing



Sussex and East Surrey STP



KSS AHSN impact highlights from 2017/18



Welcome

Guy Boersma
Sussex and East Surrey STP Lead, KSS AHSN

Given the pressures on diaries and face to face meeting time, we hope this is a useful update, helping you keep in touch with some of what we are doing locally and with your staff.

It covers each of the key functions for which the AHSN is funded:

- Inward investment and economic prosperity
- Increasing capability
- Improving citizen experience, clinical outcomes and value for the taxpayer.

We will expand on this further face to face, including at the Partnership Board meeting on 19 October 2018, a session we are sharing with the CRN.

In addition to the familiar focus on spreading well-evidenced, beneficial and affordable innovations, Research has a high profile in our workload just at the moment. The £9 million Applied Research Collaboration (ARC - what used to be called CLAHRC) bid will be submitted in mid August and will be made stronger with your letters of support. An ARC for KSS will be good in itself to help the NHS get the most useful research applied in

frontline settings. It has a spin off value for the region too: with more regional research infrastructure we will become seen as a more attractive place to work for clinical academics and this helps with workforce recruitment and retention. Please contribute letters of support to the ARC bid direct to tanya.telling@sussexpartnership.nhs.uk.

Best wishes, Guy
August 2018

Inward investment

KSS AHSN was instrumental in securing 5 year contracts for the 15 AHSNs, providing the health economic projections which satisfied NHS England's Investment Committee and Board of Directors. It brings £400k additional funding into KSS and direct cash-releasing savings to commissioners and providers through the cancellation of membership subscription fees.

Recommendation: that the STP encourages commissioners and providers to commit the cash-releasing savings or equivalent from 2019/20 in support for the Applied Research Collaboration (ARC) bid,

which requires 'in cash' or 'in kind' match funding: further information to follow by letter.

In addition to the ARC bid, other priority Inward Investment work, which we are working closely with Mark Watson on, includes:

1 Industrial Strategy Challenge Funding (ISCF) for AI demonstrators in Pathology and Imaging, where all Surrey and Sussex acute providers are contributing to Des Holden's invitation from Philips to outline a sustainable future model for mobile local capacity supported by centralised expertise. When

supported, the STP acute providers will join a consortium and share in the £5m-£8m made available by Philips and a share of ISCF funding.

2 NHS Test Beds, where a large number of bids have been submitted from across England seeking a share of the £4.5m available nationally.

Recommendation: STP partners are asked to note:

- these bid opportunities
- Correspondence sent earlier this month on the ARC bid, seeking match funding commitments by 13 August 2018.

ARC bid

The £9m KSS CLAHRC (ARC) bid is the most significant research call that KSS will receive this year. You'll remember much of the requirement from Sussex Partnership NHS FT and Professor Sube Banerjee who led the last CLAHRC call in 2013. Key points to note are:

- ARCs work with the NHS to get the most useful research applied in frontline settings
- NHS match funding is required (usefully 'in kind' as well as 'in cash' match funding is allowed)
- Sussex Trusts have already expressed support, including East Sussex Healthcare, Sussex Community, Sussex Partnership and SECAMB

ARC themes are relevant to the needs and ambitions of the Sussex and East Surrey STP: Health Systems Research, Social Care, Healthy Ageing and Early Years. There are also four cross-cutting workstreams including Knowledge Transfer & Implementation, led by the AHSN.

Increasing capability

The origins of our AHSN lie in our improvement skills capability building and continuous quality and safety improvement work. We still do this – notably with Patient Safety funding from NHS Improvement and Health Foundation support for the Q Initiative – but are redistributing effort towards innovation skills capability building. This is in part due to member feedback that they are more self-sufficient now, with in-house LEAN / Improvement

teams and partly in response to our prioritisation of support to sustainability and transformation activity through well evidenced, beneficial innovation (e.g. mobile ECG devices to detect Atrial Fibrillation and reduce the incidence of strokes) and earlier stage promising disruptive innovation (e.g. Artificial Intelligence).

We are scoping an Innovation Skills building programme with members in quarter two, to strengthen two-

way communication: getting a clear brief on the care pathways under review, allowing us to raise awareness of relevant well-evidenced innovations which can contribute to workforce recruitment and financial challenges.

Recommendation: liaise with Jacqui.Parfitt1@nhs.net or Des.Holden@sash.nhs.uk to hear more and express interest in participating in the first wave.

Q members

112 members in KSS

16

Patient reps or from external organisations

50

Sussex and East Surrey

28

Kent and Medway

18

Surrey Heartlands

Improvers Network

893 members in KSS

127

Patient reps or from external organisations

370

Sussex and East Surrey

249

Kent and Medway

147

Surrey Heartlands

Industry and technology

In April, NHS England announced the next wave of the Innovation & Technology Payment programme which financially incentivises the adoption of four innovations and national pilots of an appointment scheduling platform. Efforts have begun to engage clinicians and teams across KSS where these innovations are already in use in order to share learnings and spread adoption.

Our particular interest is in testing whether these technologies can spread faster as a result of having a tariff which makes them cost neutral.

For further information contact: charlotte.roberts18@nhs.net

Improving experience, outcomes and value (the NHS's 'Triple Aim')

During the planning round, we agreed a programme of work to support Sustainability and Transformation in the STP without unduly jeopardising in-year finance control totals. Priority work in our wide Triple Aim portfolio is highlighted below:

Stroke prevention

Our detection work has mobilised faster than other AHSNs and is detecting more undiagnosed AF patients. Appropriate anticoagulation therapy for these patients and others whose medicines have been optimised through clinical reviews is reducing the incidence of AF-related stroke and avoiding the loss of independence and the costs to commissioners (£23k per patient in year 1).

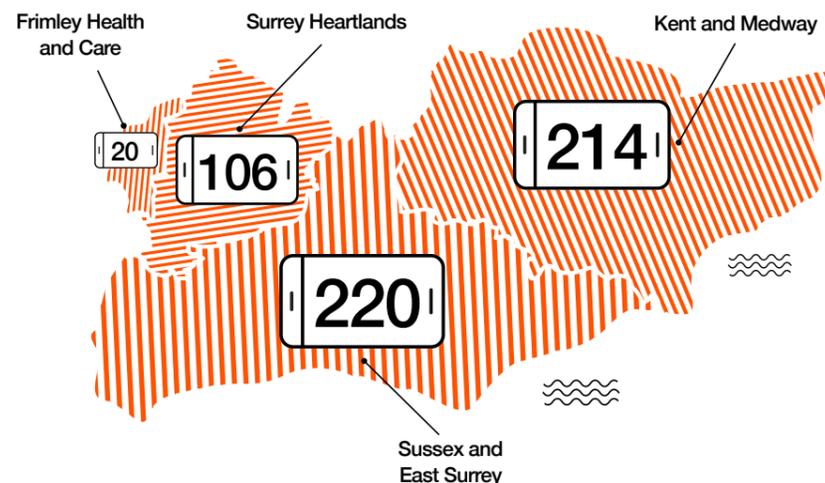
To manage the in-year financial pressures of meeting this unmet need in a planned manner, we agreed to:

- prioritise other 'better for less' initiatives in Polypharmacy (to deliver cash-releasing savings from the drugs budget) and in End of Life Care (where unplanned hospital admissions often lead to painful and costly tests and investigations of people who intended to die a more natural death);

- target stroke prevention resources where the need is greatest based on analysis by CCG.

Recommendation: note progress and contact our project manager Jen Bayly jennifer.bayly@nhs.net for further information. Clinical lead for the stroke prevention work is Dr Richard Blakey from East Sussex.

500+ devices across the region



2,389
anticoagulation reviews completed in the STP

580
patients reviewed were identified as eligible for anticoagulation treatment

16 strokes saved in year 1, if all 580 eligible patients treated

£424,000
costs avoided over 5 years for the STP

Medicines Optimisation

There are cash-releasing savings to be made by prioritising Medicines Management teams towards Level 3 polypharmacy reviews.

Case study

Pharmacists have been visiting care homes in East Surrey CCG, Crawley CCG and Horsham and Mid Sussex CCG.

Sussex Community NHS Foundation Trust have provided figures from September 2017 – March 2018. Highlights include:

- A total of 2,033 residents had face-to-face level three medicine optimisation and health reviews.

- A total of 18,169 medications were reviewed at the start of the reviews (around 9 medications per resident). This was reduced to 14,142 at the end of the reviews, a mean of 7 medications per resident.

- A yearly cost saving of £506,805 has been indicated equating to approximately £195 per patient per year.

We have also initiated two further well-evidenced, beneficial Medicines Optimisation programmes and will report further in quarter two on linking secondary care pharmacists and community pharmacists via PharmaOutcomes to improve compliance with changed medication and reduce readmissions.

Recommendation: promote a focus on Polypharmacy amongst Medicines Management staff. Liaise with Lisa.James14@nhs.net for further information

End of Life Care

Work is progressing on this priority theme of the Clinical and Professional Cabinet, which is seeking to support dying people and their families to die a natural death at home without having to resort to calling 999 to access expert support and guidance. It is intended that issues identified through talking with people affected (e.g. such concern re swallowing, leading to emergency hospital admission) will be addressed through remote access to the support required by families and carers.

Recommendation: note progress.

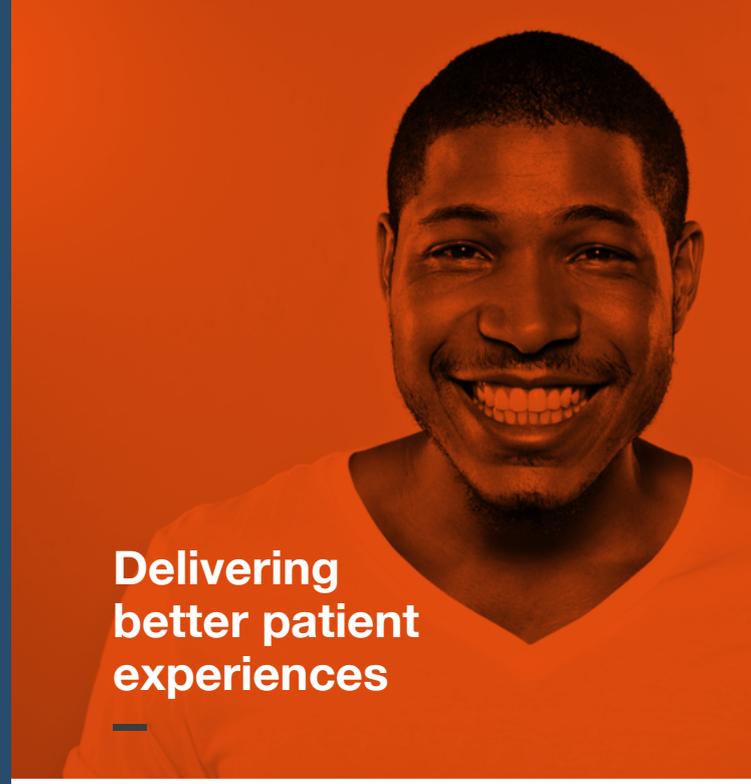
The Deteriorating Patient

Ed Kingdon, from BSUH, leads our work and is progressing the plan of supporting the increase in the adoption of (National Early Warning Score) NEWS2 as the early warning score tool across the acute and ambulance trusts in Kent, Surrey and Sussex.

In another workstream, data on the number of admissions, deaths and duration-of-stay were obtained from the Hospital Episode Statistics (HES) database. The first three quarters of 2016/2017 were compared with the first three quarters of 2017/2018 for Sepsis. Highlights to note for Sussex and East Surrey are as follows:

- Sepsis mortality rates have decreased from 20% to 18% when comparing the above periods. It is important to note however, that coding practices have changed for Sepsis and thus the data presented may not be an accurate reflection of mortality rates.

Recommendation: note progress and contact jowookey@nhs.net for more information



**Delivering
better patient
experiences**



**Improving
clinical
outcomes**



**Driving
down the
cost of care
through
innovation**



**Stimulating
wealth
creation**

**Kent Surrey Sussex
Academic Health Science
Network**

Key contacts:

guy.boersma@nhs.net

charlotte.roberts18@nhs.net

 www.kssahsn.net

 0300 303 8660

 enquiries@kssahsn.net

 [@kssahsn](https://twitter.com/kssahsn)