

WMAHSN Impact Report 2020/21



west midlands
ACADEMIC HEALTH SCIENCE NETWORK

INTRODUCTION

2020 has been the most challenging year in history for the nation's health and care system and this has brought a year of transformation for the West Midlands Academic Health Science Network (WMAHSN).

While many of our programmes and priorities have been adapted or realigned over the last 12 months to support efforts against the pandemic, we have maintained our commitment to improve the region's health and wealth.

Working more closely with partners than ever before, we identified three focus areas to facilitate the improvement of patient care by identifying and spreading innovation: improving population health; transforming patient safety through innovation; and enabling economic growth.

The realignment of our focus on specific, strategic programme themes has enabled us to streamline activity and concentrate on balancing national requirements, especially around coronavirus (COVID-19), with responding to regional need. These programme themes were:

- **Mental health resilience** – improving health outcomes for our patients and population through supporting the implementation of integrated pathways and new models of care, technologies and methodologies

- **Medicines management** – supporting with the reduction of unnecessary prescribing and errors and improving quality, patient safety and experience and reducing costs
- **Cardiovascular disease prevention** – supporting in the implementation of new care models, improvement of quality and reduction of costs
- **Patient safety and improvement** – improving safety across the West Midlands
- **Driving digital transformation** – supporting the West Midlands to develop digital solutions for effective, efficient and safe healthcare
- **Innovation** – supporting the region to innovate

Over the last year, we have collaborated with academia, industry, health and care providers, commissioners and citizens from across the region, covering many of the most challenged, deprived and vulnerable communities in the country.

2020 has been a challenge for us all and we're incredibly proud to have achieved such astounding results in the face of adversity. This report demonstrates our ability to respond rapidly in the most challenging of times, to make a real difference for patients and service users, as well as innovators, academic, health and social care professionals across the West Midlands.



Tony Davis
Innovation & Commercial
Director



John Williams
Academic Services Director



Michael Sheppard
Chair

OUR IMPACT

Here is a snapshot of our key achievements, events and successes over the last year:




671
West Midlands sites have adopted WMAHSN innovations

9 jobs created and 7 safeguarded across the region




1,245 total innovations
submitted to Meridian Innovation Exchange, 474 this year



£4,110,000
investment leveraged

11 COVID-19 virtual wards
developed by acute trusts, 3,816 COVID patients helped




500 patients
benefited from Emergency Laparotomy pathway


15,906
patients diagnosed with AF



1,124
staff trained through WMAHSN programmes



17
current tenants of Serendip Digital Health Quarter



100% uptake
of COVID Oximetry @ home systems across STP's

CASE STUDY: THE VOLUNTEER PLATFORM (WAHT EDITION)

What is The Volunteer Platform (WAHT Edition)?

At the time when COVID-19 hit the UK, the NHS was under a lot of pressure and many Trusts needed additional staff to meet demand.

The Volunteer Platform (WAHT Edition) was developed in partnership with Worcestershire Acute Hospitals NHS Trust (WAHT) and Being Guided, to help other NHS organisations recruit additional workers during the pandemic.

The WAHT Edition was also further developed into clinical trial software, supported by MidTECH Innovations and the WMAHSN.

What were the aims of The Volunteer Platform (WAHT Edition)?

- To help gain additional NHS staff and identify potential participants for COVID-19 vaccine trials
- To reduce costs and simplify processes by eliminating Excel spreadsheets and paper

What did we do?

The WMAHSN Innovation Exchange facilitated an introduction between Being Guided and WAHT to allow The Volunteer Platform to be created, also launching a digital registry of participants for the vaccine trials.

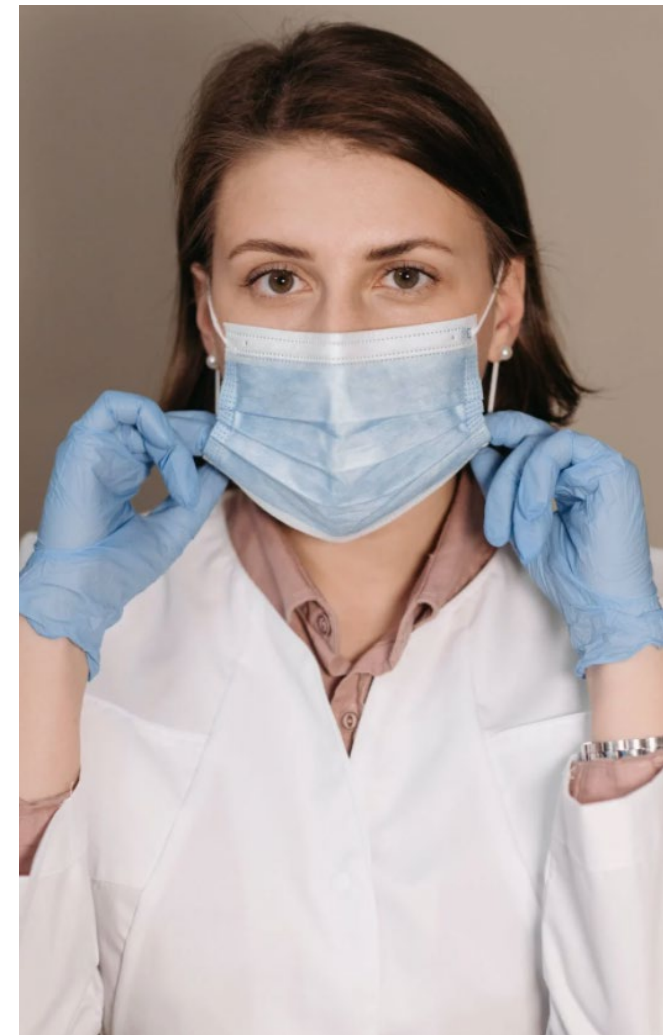
To find potential participants, The Volunteer Platform was integrated with real-world NHS data. WAHT provided clinical and operational guidance during the development process, allowing Being Guided to implement a bespoke solution for the NHS.

What were the outcomes?

As well as helping to recruit staff and vaccine trial participants, The Volunteer Platform helped WAHT to reduce costs and move away from Excel spreadsheets to a paperless, web-based Customer Relationship Management (CRM) Platform.

The project also won the MidTECH Award for Best NHS-Developed Medical Technology Innovation at WMAHSN's Meridian Celebration of Innovation Awards.

For more information about The Volunteer Platform (WAHT Edition) [click here](#).



CASE STUDY: SUPPORTING THE IMPLEMENTATION OF THE EARLY RULE OUT hsTn PATHWAY IN A BUSY EMERGENCY DEPARTMENT

What is the hsTn pathway?

High sensitivity troponin (hsTn) assays are recommended as a diagnostic option to rule out minor heart attacks in patients who present to an emergency department with chest pain, usually suggestive of an acute coronary syndrome (ACS).

The hsTn pathway allows for baseline assessment of troponin which can be repeated at one or three hours post presentation, as opposed to six hours with traditional assays. This allows for the early rule out of ACS, assisting clinical decision-making and improving patient care.

What were the aims of the hsTn pathway?

- To support transformation of the clinical pathway used to triage and diagnose patients presenting with chest pain
- To increase efficiencies in resource utilisation and improve patient care and clinical outcomes

What did we do?

We supported the implementation of the hsTn pathway in a busy emergency department, by facilitating engagement and collaboration between multiple disciplines and departments.

We worked with all parties to ensure the pathway for implementation of the test, early discharge and onward referral was managed with minimal disruption. A revised clinical pathway was also adopted, and chemical pathology reporting systems were updated to allow for the early rule out test to be undertaken.

What were the outcomes?

The pathway's implementation has resulted in reduced turnaround times for test results. Patient management has also improved, through either earlier discharge or prompt onward referral to a ward area for clinical management.

For more information about the hsTn pathway, [click here](#).



This is a great piece of work which demonstrates how pathway transformation and clinical service re-design can support improved patient care and better use of healthcare resources.

CASE STUDY: SUPPORTING GUIDANCE ON HOW TO SAFELY SWITCH WARFARIN TO DOAC THERAPY IN PATIENTS PRESCRIBED LONG-TERM ANTICOAGULATION

What is the warfarin to DOAC therapy project?

In response to the restrictions imposed to help protect high-risk clinically vulnerable people from contracting COVID-19, national guidance was published describing best practice to transition people prescribed with warfarin to direct acting oral anticoagulant (DOAC) therapy.

As part of our work to support the effective management of people with AF, the WMAHSN Cardiovascular Disease Prevention (CVD) project team needed a way to consolidate and host all the relevant information on safe anticoagulation switching.

What were the aims of the warfarin to DOAC therapy project?

- To provide a practical guide, and supplementary education and training, to equip pharmacy professionals with the knowledge and skills required to safely switch medications
- To reduce the number of outpatient appointments required to monitor INR levels

What did we do?

In response to updated guidance, we produced a visual infographic guide to support GPs and PCN pharmacists involved in the transition process, including all the important information they would need to switch patients safely and efficiently. This was then disseminated to GPs and PCN pharmacists across the region by our Medicines Optimisation Lead.

What were the outcomes?

We were able to support local teams across the West Midlands in identifying patients who needed to switch medication and make sure they could do so safely.

We were not only able to increase the confidence of anticoagulation nurses and pharmacy professionals involved in the process, but also reduce the burden on local anticoagulation services by switching to drugs which can be more easily prescribed and managed long-term.

To find out more about the warfarin to DOAC therapy project, [click here](#).



The WMAHSN CVD team were able to rapidly respond to and support the implementation of national guidance through the delivery of education, training and supportive materials at scale and pace.

CASE STUDY: MIDLANDS' VACCINATION SUPPORT BULLETIN

What is Midlands' Vaccination Support Bulletin?

The Midlands' Vaccination Support Bulletin is a short, informative e-bulletin that is shared fortnightly (previously weekly) with COVID-19 vaccination teams. As far as we are aware, we are the only region to provide this level of support.

What were the aims of Midlands' Vaccination Support Bulletin?

The bulletin was developed to support frontline teams across the whole of the Midlands, to safely and efficiently manage the deployment of the COVID Vaccination programme. We needed to share information, guidance, Government updates and respond to queries from clinical leads who are managing vaccination centres, as well as hospital hubs and care homes.

What did we do and how did we do it?

Working collaboratively with those listed below, the WMAHSN and EMAHSN have supported the design and development of the bulletin, meeting weekly to discuss and determine the focus and attending weekly clinical reference group meetings to extract queries from clinical colleagues across the region, which is often shared widely as a Q&A piece. The bulletins were initially sent weekly due to the rapid rollout of the

vaccination programme and the constant need for regular updates and guidance, however this has now been reduced to fortnightly based on stakeholder need.

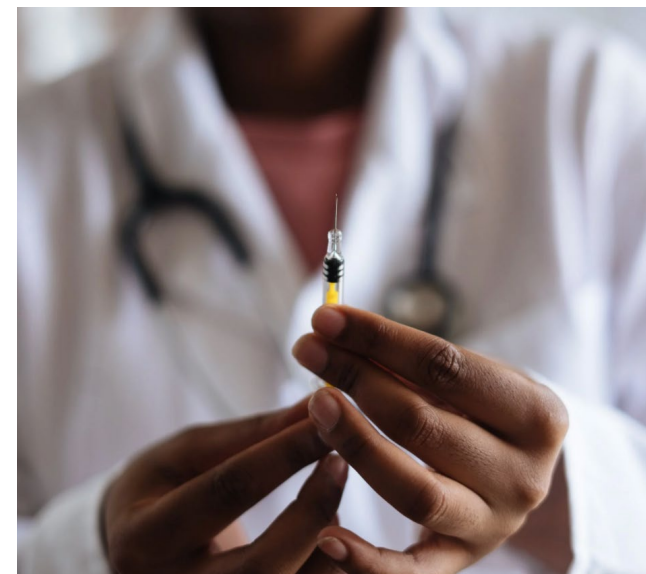
Who has been involved:

- **Christina Watson and Margaret Wooley** - East Midlands Academic Health Science Network
- **Daniel Smith** - Clinical Fellow, NHS England & Improvement - Midlands
- **Lesley McFarlane** - Screening and Immunisation Manager, Clinical, Public Health England within NHS E&I - Midlands

What were the outcomes?

We are currently compiling an evaluation to understand the impact this bulletin has had on frontline vaccination teams. We have received positive feedback from the NHS England and Improvement communications team, who now share our bulletin with their distribution list too.

For more information on the Midlands' Vaccination Support Bulletin, [click here](#).



After receiving updated guidance in this bulletin in February 2021, we have amended our training, advising the lead nurses on each vaccination shift of the changes. This now brings our practices in line with national recommendations.

PROGRAMME HIGHLIGHTS - SPOTLIGHT ON: MERIDIAN CELEBRATION OF INNOVATION AWARDS

Meridian, the WMAHSN's online Innovation Exchange, provides a coordinated approach to identifying, selecting and supporting the adoption of innovations that have the potential to transform patient care and improve the local economy.

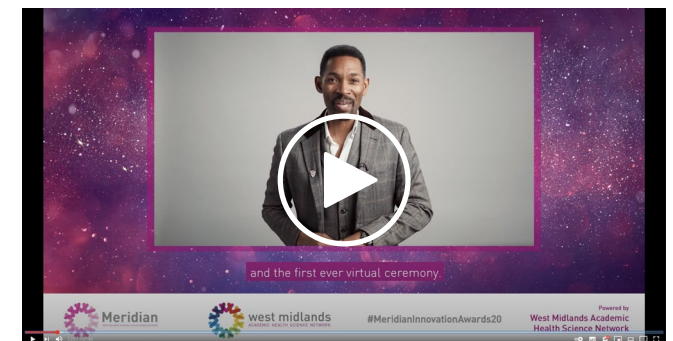
Each year, the WMAHSN hosts the Meridian Celebration of Innovation Awards, recognising the achievements of individuals and organisations across the West Midlands that are delivering improved healthcare and generating economic benefit. Since its launch in 2015, the awards have been celebrating revolutionary ideas, technologies and initiatives.

Any organisation or individual from across the healthcare, enterprise, academia, or not-for-profit sectors can enter and the awards reflect the WMAHSN's dual aim of improving health and creating wealth, as well as the organisation's key priorities and themes.

Due to COVID-19, the Meridian Celebration of Innovation Awards 2020 were held virtually and shone a particular light on those who have encouraged positive change to patient care and the region's healthcare economy, despite the challenges brought on by the pandemic.



Congratulations to everyone involved, a wonderful celebration of inspirational work



Watch the Meridian Celebration of Innovation Awards 2020 [here](#)



15 pieces of media coverage reached secured

with a reach of 1.2 million



50 tweets (40.6k impressions) and 25 LinkedIn posts (785 impressions)

following the ceremony



49 total award submissions

received for the Meridian awards, 28 shortlisted and 15 winners.



138 viewers tuned in to the virtual ceremony

CASE STUDY: TRANSFER OF CARE AROUND MEDICINES (TCAM) TO CARE HOMES

What is TCAM to Care Homes?

Approximately 50% of acute trusts across England support patients when they are discharged from hospital, by referring them to Community Pharmacists for follow up appointments. This evidence-based pathway is now nationally commissioned and termed the Discharge Medicines Service (DMS).

The TCAM to Care Homes project extends the DMS, referring patients being discharged to care homes to teams which provide a clinical pharmacy service to those homes.

What were the aims of TCAM to Care Homes?

- To highlight resident discharges to primary care pharmacists contemporaneously
- Develop a referral pathway to support medicines optimisation for patients being discharged from hospital to care homes

What did we do?

We have implemented the direct referral of discharged residents to pharmacy teams which provide services to care homes. At our pilot site, this was to a team of pharmacists in the Clinical Commissioning Group (CCG), but in other systems, the referral may be to GP practice pharmacists, Primary Care Network (PCN), or medicine optimisation in care homes (MOCH) pharmacists.

The team worked with Pinnacle Health, the provider of PharmOutcomes, an e-platform used to refer patients through the DMS pathway, to develop a new platform which would make referrals to the appropriate team.

What were the outcomes?

As a result of the COVID-19 pandemic, pharmacy teams who usually provide home-based medicines optimisation services were unable to provide the support that patients needed.

In response, two Trusts in the West Midlands adopted our pathway, sending 167 referrals which were all actioned. This resulted in direct support for care home residents, enabling them to receive accurate and timely administration of medicines after discharge from hospital.

A further seven Trusts are now adopting the pathway and will go live in 2021. For more information on TCAM to Care Homes, [click here](#).



Emma Suggett,
Medicines
Optimisation Lead,

Winner of the 2020
PrescQIPP Award
Category – Care
Homes Medicines
Optimisation

CASE STUDY: HEARTFLOW

What is HeartFlow?

HeartFlow analysis is a non-invasive, cardiac test for stable symptomatic patients with coronary heart disease, the most common form of cardiovascular disease.

Coronary heart disease develops when fatty material builds up inside the coronary arteries through a process called atherosclerosis. Over time, the arteries may narrow and restrict the blood flow and oxygen supply to organs.

HeartFlow analyses data from a non-invasive coronary CT scan which an analyst then uses to create 3D computer models of the coronary arteries, simulating blood flow and assessing the impact of blockages.

What were the aims of HeartFlow?

- Support eligible trusts to adopt HeartFlow under the Innovation Technology Payment scheme, which ran until 31st March 2021.
- Support trusts to reduce patients' hospital journeys for diagnostic tests, which was particularly important during the pandemic.

What were the outcomes?

Within the West Midlands four eligible providers have adopted HeartFlow Analysis with a further two sites at the implementation stage.

Nationally, the WMAHSN has supported AHSNs with the implementation and adoption of HeartFlow across England.


What did we do?

As the lead AHSN for Heartflow, the WMAHSN supports in the implementation and adoption of the technology in eligible Trusts across England, supports other AHSNs in their adoption activities through monthly calls with the AHSN leads to discuss the national picture and raise any issues/barriers which can inform activity in other areas. Weekly update calls directly with HeartFlow help to support narrative building and the discussion of any national issues, regional progress or barriers and identifying areas of best practice.

Locally, the WMAHSN has worked with all providers eligible for HeartFlow under the Innovation Technology Payment scheme. Support has been provided to providers and commissioners in the area to support the development of business cases for the continued use of HeartFlow post-ITP. We have worked closely with our HeartFlow representative to discuss progress at each site and raise any issues or concerns.



Find out more about HeartFlow [here](#)


One of the main benefits of using HeartFlow in our current pathway is that we can understand the anatomy and physiology with one scan. This allows us to get more information about a patient's condition much quicker, which helps with more efficient clinical decision making.

CASE STUDY: UPSKILLING PROFESSIONALS FOR ADOPTION OF INNOVATION IN HEALTHCARE SETTINGS (THE UP-RAIHSE PROGRAMME)

What is the UP-rAIHSe Programme?

UP-rAIHSe helps professionals increase their ability to lead innovation within their own organisations, working from the inside to drive change.

Through online training, the UP-rAIHSe course increases the skills of professionals, so they can facilitate rapid adoption of demand-driven, digital innovation within their daily work. Delivered by expert lecturers, the course covers innovation design, system change, innovative procurement and digital solution deployment.

What were the aims of the UP-rAIHSe Programme?

- To upskill healthcare professionals in the adoption of innovation in healthcare settings
- To connect local Trusts and innovators with international partners to share learning and best practice
- Improve senior and board level understanding of the innovation adoption process

What did we do?

In September 2019, the WMAHSN formed a collaboration with partners across Europe to create the ground-breaking skills programme for healthcare leaders.

2019/20 was the first cohort of the UP-rAIHSe programme, developed by partners from Spain, Portugal and Sweden. The programme was originally scheduled to take place in venues across the UK, Spain and Sweden but the COVID-19 pandemic meant that the course was delivered virtually.

What were the outcomes?

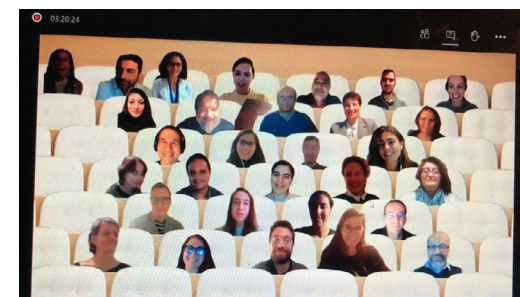
Teams from Walsall Healthcare NHS Trust and University Hospitals Coventry & Warwickshire NHS Trust (UHCW) joined hospitals in Madrid, Valencia and Rome after being shortlisted to participate.

During the final seminar, teams were asked to present their journey from identifying the unmet need in their healthcare setting, to developing a successful solution. As a direct result of the UP-rAIHSe programme, Walsall Healthcare NHS Trust further developed the Hexitime innovation and went on to win two Meridian Awards in April 2021.

For more information on the UP-rAIHSe Programme, [click here](#).



All EU partners at the kick-off meeting in Barcelona, Jan 2020



Teams graduating online in December 2020

It was really inspiring to mentor the teams through their UP-rAIHSe journey and watch their ideas develop from unmet need to viable solution.

CASE STUDY: MAXI-MAGNI CARD

What is a Maxi-Magni-Card?

Throughout the pandemic, clinical staff have been required to wear full personal protective equipment (PPE), including goggles or a face visor. This can cause problems for staff who require prescription reading glasses to read small print such as prescription details or medication vials. Removing glasses and putting them back on is not possible whilst wearing PPE, without compromising infection control integrity. Maxi-Magni-Card is a handheld magnifier lens, a safe solution which enables staff wearing PPE to read small print, without the need for glasses.

What were the aims of Maxi-Magni-Card?

- Produce a simple, effective solution to replace the need for wearing reading glasses without compromising the integrity of PPE, allowing to work safely and reduce errors.
- Provide magnification of small print, be easy to use, wipe clean and have a facility for attachment to a protective gown.

What did we do?

We located a local company that could support with developing a rapid solution, to overcome an immediate problem identified by staff wearing PPE within Intensive Therapy Units.

Using the Meridian Innovation Exchange, a collaborator was identified and approached. WMAHSN provided support to produce the new product, ensuring the product was fit for purpose, supported initial design, and helped with real world product testing in a clinical setting.

What were the outcomes?

The Maxi-Magni-Card has had many positive impacts:

The device ensures staff can work safely, without having to compromise on infection prevention.

Patient safety has been maintained and the risk of errors being made with medication and clinical records has been reduced.

The device is easy to use and can be attached onto the gowns for easy access. The manufacturing specifications also ensure that it can be easily cleaned and stored for the next shift or user.



Caroline Maries-Tillott, WMAHSN Quality Improvement Lead supported with real world testing during her redeployment in to the NHS during the first peak of the pandemic



The 'Maxi-Magni-Card' has been received very positively and provides a simple solution.

PROGRAMME HIGHLIGHTS - SPOTLIGHT ON: DIVERSITY AND INCLUSION

In response to the formation of the AHSN Network's national Diversity and Inclusion (D&I) group, the West Midlands Academic Health Science Network formed its own local D&I working group.

The WMAHSN D&I working group created its own local action plan, going beyond the national pledges set out by the AHSN Network.

This detailed action plan was divided into three sections to correspond to the three national pledges and the WMAHSN made additional commitments to be achieved within a year.

The Voice your Commitment campaign was devised to communicate the aims of the D&I group, both internally and externally. A launch video was created for social media, featuring members of the group and outlining the commitments, this was also shown internally to encourage further pledges.

The videos were supported by graphics showing quotes from members of the WMAHSN team, voicing their commitment to diversity and inclusion.

The D&I working group also held a 'privilege walk' to discuss and explore personal privilege.

Due to COVID-19 limitations, the walk took place virtually, with a video and jamboard session looking at the different forms of privilege we all may hold. This was followed by breakout sessions in small groups to discuss learning and experiences.



**10 commitments
set out in the action plan**



1 video created



Click [here](#) to watch



**D&I posts
achieved 6,248
impressions on
social media**



**29 attended
the privilege
walk**

CASE STUDY: WMAHSN EMERGENCY LAPAROTOMY COLLABORATIVE (ELC)

What is the WMAHSN ELC?

Emergency Laparotomy (known as EmLap) is a procedure used in most emergency general surgeries. It's high-risk, with around 15% of patients reported to die within 30 days of surgery, and the care delivered is measured against key standards embedded within an EmLap pathway.

The WMAHSN ELC supports acute Trusts to improve patient outcomes via a Quality Improvements initiative.

What were the aims of the WMAHSN ELC?

- To improve patient outcomes
- To minimise unnecessary variation in care and maximise delivery of time-critical interventions before, during and after procedures
- To save lives and allow more patients to return to an active and healthy life

What did we do?

The National Emergency Laparotomy Audit (NELA) is one of several National Clinical Audits mandated within the standard NHS contract. It's of special importance because it represents the sole reporting process in identifying potential problems with the delivery of an EmLap pathway.

The WMAHSN ELC programme has supported hospitals in optimising NELA data collection and developing their local pathway, as well as providing insight into data, feedback against key pathway standards, and ad-hoc support to individual teams.

What were the outcomes?

All 14 hospitals across the West Midlands have joined the collaborative, creating a network of expertise which includes clinician, manager and executive representatives from a wide range of stakeholder groups.

Over the first two years of the programme, participating hospitals have improved the consistency and completeness of their NELA submissions, increased the proportion of patients receiving key standards of care, reduced unnecessary variations in care, and continued to improve outcomes for patients.

For more information on the Emergency Laparotomy Collaborative, [click here](#).

Outcome	Pre ELC	ELC	Potential benefit
Crude (in-hospital) mortality Length of Hospital stay (Days)	11.4%	10.2%	Up to 70 extra patients survived to discharge over the 2 years
Length of Hospital stay (Days)	16.1	15.5 (14.7 in year 2)	3480 bed days saved over 2 years (4200 bed days if use year 2 LOS)

Table 1: Change in patient outcomes during first 2 years of WMAHSN ELC



Despite the impact of the COVID-19 pandemic, hospital outcomes picked up rapidly after the first wave indicating considerable resilience of hospital EmLap teams and pathways.

CASE STUDY: SAFER PROVISION AND CARING EXCELLENCE (SPACE)

What is SPACE?

In December 2016, the WMAHSN funded a two-year programme, known as SPACE, to upskill 35 care homes in the Walsall and Wolverhampton areas with Quality Improvement (QI) methodology.

The SPACE programme aims to strengthen safety culture and reduce the incidence of adverse safety events. Through training and workshops, the programme helps care home staff and managers develop relevant skills and enhance their understanding of patient safety.

Since the programme ended in 2018, the SPACE approach has been scaled up, with toolkits supporting the implementation of NHS England's Managing Deterioration Safety Improvement Programme (ManDetSIP) and Medicines Safety Improvement Programme (MedSIP) across the West Midlands. Most recently, the SPACE approach has played a pivotal role in supporting our region's care home staff in managing deterioration during the pandemic.

For further information on the National Patient Safety Improvement Programmes (NatPatSIP), please [click here](#)

What were the aims of SPACE?

- To up-skill care home staff through facilitation and training in basic QI techniques and methodologies
- To improve the quality and safety of care delivered to care home residents
- To reduce avoidable harm such as falls, pressure injuries and UTIs

What did we do?

QI tools and techniques were introduced to whole teams including managers, care, administrative, kitchen and maintenance staff. The Model for Improvement was used to develop QI projects and training also included Appreciative Inquiry (AI) and Human Factors (HF).

Care home staff were encouraged to identify and gather baseline data about potential areas for improvement, to identify how to measure improvement and test possible solutions out on a small scale, using Plan Do Study Act (PDSA) cycles.

What were the outcomes?

Since the original SPACE programme commenced in December 2016, staff at over 600 care homes have received QI training - approximately 37% of the total number of care homes in the West Midlands.

Results have shown a significant reduction in falls, urinary tract infections (UTIs), and grade 4 pressure ulcers. There have also been improvements in safety culture with care homes introducing tools like safety crosses to monitor harm events, as well as adapting the tools to monitor risks in other areas like nutrition and hydration.

For more information on the SPACE programme, [click here](#).



I felt inspired by the talk about Quality Improvement in the My Home Life course. I found the training extremely useful, and it has helped me understand the processes involved in QI.

CASE STUDY: COVID OXIMETRY @ HOME (CO@H) AND COVID VIRTUAL WARDS (CVW)

What is CO@H and CVW?

Using pulse oximeters, these two models are used to detect the early signs of deterioration in patients with confirmed or suspected COVID-19.

CO@H allows patients at risk to safely self-monitor their condition at home, providing an opportunity to detect a decline that might require hospital admission.

CVW is a secondary care-led initiative to support early and safe discharge from hospital for COVID-19 patients.

What were the aims of CO@H and CVW?

- To support the rapid expansion of the CO@H model in all CCGs
- To support the development of CVW across all acute hospitals, supporting early discharge using pulse oximetry
- To support the two models to implement digital solutions to remotely monitor patients at home with COVID-19

What did we do?

WMAHSN forged a strong partnership with the Midlands NHSE&I team to coordinate a strategic plan in relation to the CO@H and CVW responses. WMAHSN then supported all 19 CCGs across the six STP areas in the West Midlands with the development of the CO@H pathway.

We helped with the development of integrated pathways, onboarding patient referral processes, scaling up to capacity, submission of data via Strategic Data Collection Service, NHS Digital (SDCS NHSD), and tracking priority patients as part of the Secure Electronic File Transfer (SEFT) daily list.

What were the outcomes?

There has been a total of 3,816 patients supported by either the CO@H or CVW model across the West Midlands.

The WMAHSN achieved 100% rollout of the CO@H Step Up model during Q3 2020/21, which was sustained throughout Q4. The WMAHSN has also supported the development of 11 trust-level CVWs, representative of 92% rollout, to step down patients in order to facilitate early discharge and monitor patients in the community.

For more information on the CO@H and CVW models, [click here](#).



The COVID Oximetry service has been a fantastic resource for the Trust and the wider community, in that it has facilitated patients returning to their own homes whilst still under the watchful eyes of clinicians.

CASE STUDY: WEST MIDLANDS PHARMACY CARE HOME NETWORK

What is the West Midlands Pharmacy Care Home Network?

Following an engagement event in 2019 with care home Pharmacists and Technicians from across the West Midlands, a need was identified to improve the quality of medicine administration in care homes and share best practice.

Hosted in collaboration with Coventry & Warwickshire North CCGs, the network meetings responded to NHS requests to support primary and community pharmacy needs in care homes through COVID-19, focusing on medicine supply and reuse, medication reviews and hospital discharge reviews.

What were the aims of the West Midlands Pharmacy Care Home Network?

- To aid communication and share best practice across the West Midlands Region for Pharmacists and Technicians working in care homes (Nursing and Residential).
- To support pharmacy teams by providing information on national policy and local implementation, practical advice and a safe space to ask questions.

What did we do and how did we do it?

Due to COVID-19, six virtual meetings were held in 2020, featuring national and regional speakers as well as local teams showcasing their work. Meetings were well attended with an average of 50 participants at each meeting. Sessions were recorded and resources circulated afterwards along with relevant information in-between sessions.

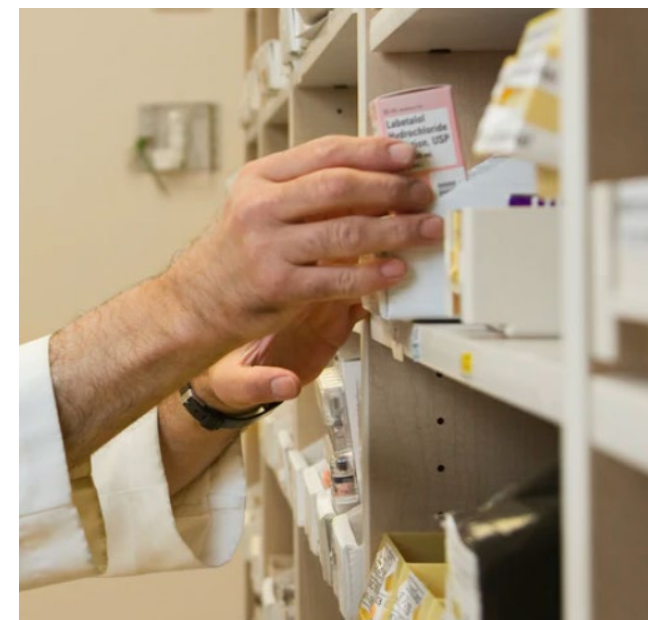
What were the outcomes?

The WM Pharmacy Care Home Network has built a distribution list of over 200 people, representing teams from across the region.

A survey was conducted in July 2020 for those that attended at least one network meeting, 71.4% of whom felt the Network was useful and 82.1% felt the webinars were applicable to their role.

The Network has allowed teams to work together, share best practice and standardise policies and procedures in care homes across the region.

In the long-term, Network meetings will be held face-to-face to encourage participants to build relationships and feel comfortable communicating outside the meetings. We also intend to set up a mentoring programme, enabling experienced teams to support newer pharmacy staff.



“
The webinars have been very good keeping us up to speed with the fast-moving developments during COVID-19.”

PROGRAMME HIGHLIGHTS - SPOTLIGHT ON: WMAHSN'S ROLE IN SUPPORTING THE EFFORTS AGAINST COVID-19

Although the WMAHSN primarily works within the regional health system to spread innovation, it also operates as part of a wider, connected national network. This unique position allowed us to mobilise quickly, responding both locally and collaborating across England to rapidly realign resources to the COVID-19 response.

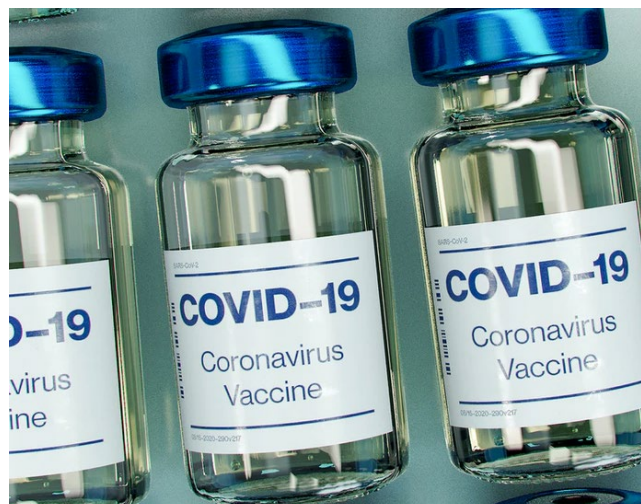
Within the West Midlands, we have provided support and our expertise by identifying technologies to assist healthcare organisations, helping to source PPE, supporting our care homes and driving the adoption of digital healthcare solutions, to relieve pressure on hospitals and healthcare workers.

Nationally we have assisted with the rapid rollout of digital primary care, supporting NHS England and Improvement, (NHSE&I) NHSX and NHS Digital with the uptake of video and online consultation technologies in GP practices across England. We have also provided training resources to care homes, supported local PPE procurement projects and seconded many members of our staff to support the NHS in managerial or clinical roles.

As well as supporting across England, we have been a key part of the NHS Confederation Reset campaign, contributing insight and opinion on what the country's health and social care system should look like post COVID-19. Our activity has been coordinated through the Meridian Innovation Exchange and our regional responses to the need for vaccines, PPE, diagnostics and testing has been managed by our Industry Gateway.



Increase of video consultation use in primary care from 85% to 99%



75+ companies supported with PPE procurement



12,000 views of online training events



8 WMAHSN FTEs redeployed into the NHS

CASE STUDY: THE BIRMINGHAM SYMPTOM SPECIFIC TRIAGE SYSTEM (BSOTS)

What is BSOTS?

The Birmingham Symptom-specific Obstetric Triage System (BSOTS) has been developed for midwives, obstetricians and doctors across the NHS as a standardised way to assess women presenting themselves with unexpected pregnancy related problems or concerns, ensuring they are prioritised in order of clinical urgency.

Prior to the implementation, Birmingham Women's and Children's NHS Foundation Trust had approximately 8,000 births a year, with an average triage attendance of 1,200 a month. Women were reviewed often in order of attendance. Women remained in the same room and were cared for by the same midwife which led to potentially 'blocking' rooms from those women with high clinical urgency.

What were the aims of BSOTS?

- Implementing a consistent process to define level of clinical urgency, using a four-category colour code allowing hospital staff to quickly prioritise
- Provide midwives and clinicians with a standardised method of safely and efficiently assessing women when they attend with unexpected clinical concerns.

What did we do?

We financially supported an environment where BSOTS could be sustainably rolled out to Trusts that wanted to implement the system.

WMAHSN moved BSOTS from a paper-based administrative system to a streamlined online process, using the Meridian platform. We enabled BSOTS to be implemented easily and quickly and assigned two midwives and a project manager to the programme to work with other Trusts and share learning.

What were the outcomes?

BSOTS has been adopted by 34 maternity units in the UK with a further 20 in the process of implementation

Participating Trusts have already noticed positive changes in work organisation and practices, along with a reduction in staff anxiety often associated with triage work.



“**The BSOTS programme has proved to be invaluable to midwives, obstetricians, and doctors across the UK; not only does it improve quality of care and the safety of pregnant women and staff, it also allows for better communication and creates a less stressful triage environment for staff.**”

CASE STUDY: DIGNIO

What is Dignio?

Dignio is a digital remote care solution and mobile app for the management of COVID-19 patients, which aims to improve the care of those self-isolating.

The app helps patients stay at home safely and avoid unnecessary admissions to hospital as well as alerting clinical staff of those more seriously ill who need prompt admission.

What were the aims?

- To successfully broker and onboard the use of Dignio monitoring to remotely manage patients in Dudley CCG.
- To evaluate the process of monitoring the symptoms of COVID-19 patients remotely using Dignio.
- Following successful evaluation, measure Dignio's impact on getting people the right care at the right time, whilst also assessing the safety, pathway implementation, patient views and staff views.

What did we do?

We successfully formed a professional relationship with Dignio and Dudley CCG, to support the remote monitoring of patients in the region.

The technology was utilised by two provider sites, Pensnett Practice and Malling Health in Dudley CCG. WMAHSN provided support in evaluating the technology, looking at the effects of pathway changes, safer care and providing reassurance to patients, their families and clinical professionals.

What were the outcomes?

202 patients were onboarded onto the platform, out of a target of 250. We devised a patient survey to analyse their experience against the evaluation criteria.

To date, 88 of the 189 pilot participants have completed the patient survey for further analysis, giving a return rate of 46.56%.

A staff survey has been undertaken and of the estimated 30 team members who were involved in the pilot, we have received 9 surveys back to date, giving us a return rate of 30%.



“ We are aiming to produce a robust analysis and report in Spring / Summer 2021, this will be a critical learning and promotional tool for the use of remote monitoring technologies going forward.

CASE STUDY: THE WEST MIDLANDS PPE COLLECTIVE

What is the West Midlands PPE Collective?

The first wave of the pandemic resulted in critical Personal Protective Equipment (PPE) shortage across the West Midlands and throughout the UK. To respond to the region's life-threatening shortage of PPE, Andy Street, Mayor of the WM requested local businesses to present themselves if they could produce the much-needed PPE to the health and care sectors. Following this call, Birmingham Hospitals Alliance sought WMAHSN's assistance in sourcing local companies to form the West Midlands PPE Collective.

What were the aims?

- Utilise the world-class manufacturers in the West Midlands to produce and distribute certified PPE products to the NHS
- Find local companies to help manufacture two types of PPE

What did we do?

We forged a vital role in helping the NHS meet the challenge of manufacturing essential PPE after a nationwide shortage during the first wave of the pandemic.

Working with Birmingham Hospitals Alliance (BHA) we assisted the NHS supply chain in urgently finding local companies to mass produce critically-needed surgical gowns.

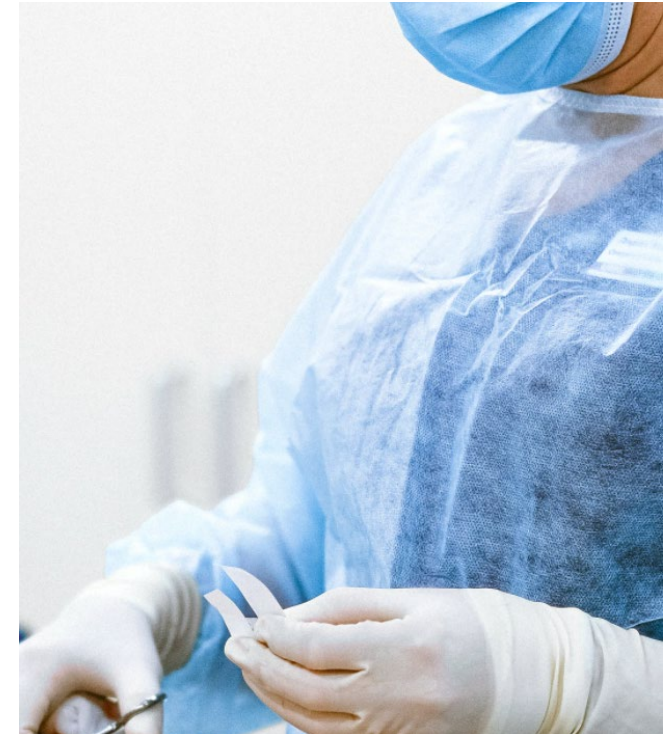
What were the outcomes?

Over 200 jobs created

Generated over £4M additional turnover

Further benefits to the UK and local economies through spill over effects into the local supply chain and communities

From the success of collaborative working within the regional healthcare sector, other areas of work have been explored, to combine industry knowledge, skills, and expertise to economically manufacture high volume PPE products for the UK and overseas markets



With the work carried out during the first wave of the pandemic, the region benefited from up to 25,000 extra surgical gowns produced a week.

CASE STUDY: WM LIFE – MEANINGFUL PUBLIC PARTICIPATION AND CONTRIBUTION

What is WM Life?

WM Life is an umbrella term that encompasses all of WMAHSN's outreach activities. Meaningful Public Participation and Contribution is a new initiative that keeps the 'person' at the heart of WMAHSN activities, answering the essential question – so what?

What were the aims of WM Life?

- To create a way to incorporate views of patients, carers, users and members of the public to inform WMAHSN's work
- To allow for meaningful, two-way communication throughout the innovation process
- To create co-development where all voices are heard, and every view carries equal weight

What did we do?

When applicants apply to the SME Innovation Fund they are expected to have consulted with end-users of their innovation. However, there is no way to test the validity of their assumptions.

With the support of the WM Applied Research Collaboration (NIHR ARC WM), we issued an open call for members of a 'Citizen Panel' that would focus on the 'so what?' factor. A report was provided to the Investor Panel and public views were incorporated into the decision-making process.

What were the outcomes?

The Investor Panel agreed that contributions from citizens were insightful and informed their thought process, so it was agreed that citizen should join the Investor Panel going forward.

As a result, the application process has been changed so that candidates present to the Citizen Panel first, ahead of meeting the Investor Panel.

For more information, contact wmlife@wmahsn.org



Presenting to the Citizen Panel allows different things to come to light and it's great that we're able to influence how public money is being spent on innovations which will help people in our communities.

LOOKING FORWARD

The future of WMAHSN

Although the last 12 months has been extremely challenging, we are proud of everything that the WMAHSN has achieved.

While supporting the national AHSN network with programmes of work and working alongside OLS and NHS England and Improvement (NHSE&I), we have maintained a focus on our three core commitments, working in conjunction with other regional bodies to:

- Support the transformation of the health of the local population
- Enable the West Midlands population to access the most effective medical discoveries and innovation
- Support a sustainable health and care system

Going into 2021/22, we will keep strengthening our relationships with regional partners in academia, industry, health and care, with citizens and with our six Sustainability and Transformation Partnerships (emerging Integrated Care Systems) to create catalysts for change and evidence-based innovation.

We will be focusing our efforts around our strategic programme themes; cardiovascular disease prevention, mental health resilience, workforce, patient safety (including care homes, mental health safety, maternity, neonatal and deterioration), medicines management, remote monitoring and digital transformation (including artificial intelligence) and health and social care innovation pipeline development, with the ultimate aim of delivering significant improvements to patient and population outcomes and economic growth for the region. We will work across our integrated care systems to increase the capacity and capability in the West Midlands to support health improvements and innovation.

We are confident the WMAHSN continue to positively impact on the health and wellbeing of patients and populations at a local, regional and national level, as we emerge from what has been a challenging year for all and step forward into what could be the most innovative period the sector has ever seen.

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