

Impact

review

**Our
purpose is to
turn great ideas
into positive
health impact**

Find out about our
impact in the Eastern
region and beyond

Eastern AHSN 

Eastern AHSN

Part of
The AHSN Network



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Turning great ideas into positive health impact

At Eastern AHSN, we turn great ideas into positive health impact by supporting our regional NHS and the wider care system to adopt proven innovations – including medicines, technologies and care pathways. We also work with industry to position their products most effectively for the NHS. Taken together, our activities support wealth creation, recognising the social determinants of health and the role of healthcare in the economic wellbeing of our population.



We were established – and are still largely funded by – the NHS and the Office for Life Sciences as part of the AHSN Network, a national network of 15 organisations and more than 700 staff that acts as the innovation arm of the NHS.

As a trusted partner to the NHS we work with colleagues to help understand their priorities and where innovation can have the biggest impact. This enables us to work closely with industry, universities, patients and the voluntary sector through our unique convening role to bring all these parties together in the service of the NHS, its staff and patients. Our emphasis is on the delivery and practical implementation at scale of innovations that have already been shown to work: we believe that health is improved by great ideas, but great ideas only make an impact when they are put into practice.

We are an organisation of more than 50 people from diverse professional backgrounds. We support the NHS in areas of its greatest challenge and we help innovators and our life sciences industry to navigate the complexities of the NHS, generate value propositions and realise the value of innovations more quickly.

Our business priorities

Some of our time is spent supporting the adoption and spread of the national programmes delivered by the AHSN Network, but we also work on improving areas of health consistent with the priorities set out in the NHS Long Term Plan and Core20PLUS5, as well as specific areas of local need in the East of England.

Click on the icons to jump to our impact in each area.



Transforming
systems



Patient safety and
quality improvement



Reducing
inequalities



Evidence-based
outcomes



Mental health



Cancer



Cardiovascular
disease (CVD)



Supporting health
innovators and
commercial growth

Our capabilities

We are recognised for our specialist expertise in supporting health and care innovations. In addition to our core funding and project delivery work, we are often invited by our local NHS and industry partners to undertake further work in areas where our skills can make a difference to the NHS, patients and the public. Some of the specialist capabilities we have developed to address this need are shown below.

Click on the icons to jump to our impact in each area.



Evaluation



Health informatics



Environmental
sustainability



Patient and public
engagement and
involvement



Gathering
insight

Our region

Our region covers the integrated care systems of: Cambridgeshire and Peterborough; Norfolk and Waveney; Suffolk and North East Essex; Hertfordshire and West Essex; and Bedfordshire, Luton and Milton Keynes.



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Up next: Our Chief Executive and Chair look at the huge impact of the past 10 years, since the development of Academic Health Science Networks, and what's still to be done.



Welcome



This year, we celebrate 75 years since the NHS was established. In addition, 2023 marks 10 years since the Academic Health Science Networks (AHSNs) were created by NHS England to transform the way in which the NHS identifies, adopts and spreads innovations. Over the past decade, AHSNs have established themselves as an important part of how the NHS works, innovates and supports the workforce to deliver better services for patients.

While we are a national network with a common approach to supporting the introduction of innovative technologies, devices and care pathways into the NHS, our licence to operate is

derived from our trusted relationships, at a local level, with clinicians, staff, industry and academia.

Our impact is underpinned by some impressive data. Since 2018 (the earliest year that the data was collected), the AHSN Network has supported life sciences companies and innovators to leverage more than £1.3 billion of investment in the period to March 2022, and to create or secure more than 5,400 high-value jobs. This represents nearly a fourfold return on investment for every £1 of funding from the Office for Life Sciences¹.

Across England, we have also delivered significant clinical impact, including:

- Our Focus ADHD programme, which has helped more than 50,000 people to benefit from an objective test to support diagnosis of ADHD.
- Supporting more than 2,100 16-25-year-olds with eating disorders to access NICE-recommended early intervention treatment programmes, giving them a better chance of full recovery².
- Between 2015 and 2020, preventing an estimated 12,000 strokes thanks to AHSN Network initiatives to detect and treat atrial fibrillation, saving approximately 2,900 lives. This equates to saving £158 million in NHS costs and £105 million in social care costs².

Looking forward, it was gratifying to see the publication of the independent Hewitt Review of NHS integrated care systems, which called for the strengthening and embedding of a culture of research and innovation in the health and care sector. The report acknowledges the AHSN Network's vital role in identifying and spreading best practice, innovative clinical pathways, and proven interventions across health and care systems.

Turning to Eastern AHSN, it has been a pleasure and a privilege to have acted as chief executive over the past five years. I am proud of the many trusted relationships our team enjoys with colleagues and partners across the East of England, and the beneficial impact on patients, staff and industry that our collaborations have created. [On the previous page](#), we explain more about what we do and on the following page we have created an infographic that sets out some local highlights from this year.

This review covers the impact we have delivered throughout the East of England and beyond in 2022/23, including an increased focus on fostering an innovation culture, tackling health inequalities, and supporting innovators to turn their great ideas into positive health impact. We haven't been able to cover everything we've achieved this year, but we would like to take this opportunity to thank all of you with whom we have collaborated as we look to build on our impact in 2023/24 and beyond.

“Since 2018, the AHSN Network has supported life sciences companies and innovators to leverage more than £1.3 billion of investment in the three years to March 2022, and to create or secure more than 5,400 jobs”

Piers mt ~~thony~~

Piers Ricketts

Chief Executive

Tracy Dowling

Chair

References

- ¹ The AHSN Network. (2023). 10-year anniversary of AHSNs. [Online]. AHSN Network. Last Updated: 14 April 2023. Available at: www.ahsnnetwork.com/blogs/10-year-anniversary-of-ahsns [Accessed 14 April 2023].
- ² The AHSN Network. (2022). Supporting the detection of atrial fibrillation and optimising treatment. [Online]. AHSN Network. Available at: www.ahsnnetwork.com/case_studies/supporting-the-detection-of-atrial-fibrillation-and-optimis [Accessed 20 December 2022].

Our impact in numbers 2022-23

Throughout 2022/23 we have worked with our partners to turn great ideas into positive impact. Here are just some of the statistics that show the impact of our work during this time.

32 new FeNO devices within our systems, resulting in **6,720 patients** benefitting from FeNO tests either to identify people with asthma or supporting medicine optimisation.

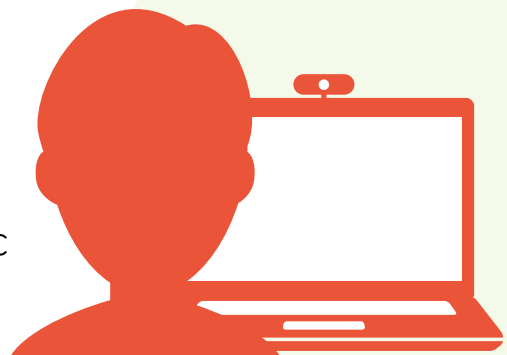


We supported **140 new patients** in our region to access **biologic therapies** to reduce the symptoms of **severe asthma**.



Estimated **£12.8m lifetime savings** from the prevention of cerebral palsy by giving magnesium sulphate to **608 eligible women** in preterm labour.

784 people benefitted from use of the QbTest to support diagnostic decisions for ADHD.





139 16-25-year-olds with eating disorders supported to access NICE-recommended treatment through FREED programmes, giving them a better chance of full recovery and saving an estimated **£92,819** in NHS treatment costs.

508 people avoided invasive angiograms using HeartFlow – **55% up on last year.**

19,689 extra patients in the region have been prescribed lipid-lowering therapy to optimise their cholesterol levels. This treatment is estimated to **prevent between 1,000-2,000 cardiovascular events** such as strokes and heart attacks over the next five years in these patients.

1,179
people have benefitted
from our
innovator toolkits.

2,478+ hours
of support to assist
the development
of innovators.

163 shortlisted
innovations assessed by
our innovation review
panel and provided
with expert feedback,
between 2018
and 2023.

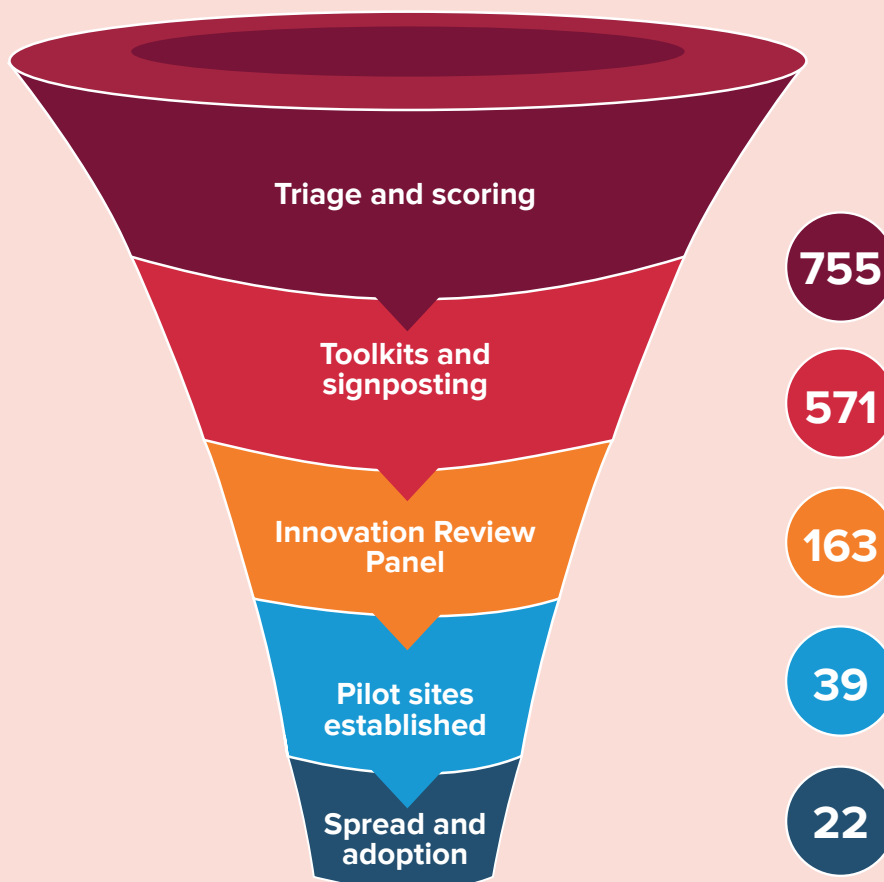
Supported **887 companies**
across the UK and
internationally.



78% of care homes in our region have implemented deterioration management tools (digital and paper-based), with the remaining **22%** currently testing or implementing them.

The innovation funnel 2022/23: What happens to innovations that come through our Innovation Review Panel?

Between April 2022 to March 2023, we have triaged a total of **755** innovations, out of which **163** have gone through our Innovation Review Panel. The different outcomes are as follows:



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Putting innovation at the core of integrated care

Read how we have worked with partners across newly formed integrated care systems to support them to build the infrastructure and culture to maximise the benefits of innovation.

The establishment of integrated care systems (ICSs) across England has enabled services to be commissioned and run collaboratively at a system level, based on the health needs of the local population. They are designed to improve people's care, health and wellbeing, and reduce silo working, but they also have a statutory duty to support the adoption and spread of proven innovation.

In the East of England, we have been working closely with our ICSs to understand their local priorities and develop their capability and capacity for health innovation in the following ways:

Innovation ambassadors

Innovation ambassadors are embedded in local systems to promote and support innovative activities from within, supporting the priorities of ICSs and the local population. They support the local infrastructure to ensure that systems are innovation-ready and able to adopt new ways of working. They also encourage colleagues to come forward with innovative ideas and challenges to be shared with AHSN Network colleagues.

This year, we co-funded roles in Suffolk and North East Essex (SNEE) and Bedfordshire, Luton and Milton Keynes (BLMK) integrated care boards (ICB), which oversee ICSs, and two within Cambridgeshire Community Services NHS Trust. Here's what they had to say about the impact we've had...

“I have heard about the need to embed innovation throughout the health and care system. As care pathways are transformed across systems, it is essential that ICSs build a culture of importing and exporting ‘what works’, and that they innovate and transform in partnership with academia and industry. Academic Health Science Networks (AHSNs) should be seen as integral to that ambition”

– The Rt Hon Patricia Hewitt, *The Hewitt Review*¹



Caroline Angus,
Head of Innovation
at Suffolk and
North East Essex
Integrated Care
Board (SNEE ICB)

Since my role has been embedded within SNEE ICB, we have identified key priorities to accelerate the prioritisation, development and uptake of innovations. We have invested in proven innovations aligned to our strategic priorities and worked with innovators to bring new technologies to the NHS, as well as successfully applying for grant funding to implement solutions locally. We have also developed a way of working with wider health care industries in partnership with Eastern AHSN.

We launched C the Signs, an integrated clinical decision-support tool that uses artificial intelligence mapped with the latest clinical evidence to support GPs to identify patients at risk of cancer at the earliest stage of the disease. Eastern AHSN provided support and funding for the evaluation of the pilot, which ran across 35 GP practices and had fantastic feedback from staff (read more [here](#)). We also embedded Skin Analytics in secondary care, which has enabled the development of the dermatology pathway using its AI medical device DERM, which can screen, assess and triage for skin cancer after a dermoscopic image has been taken.

In partnership with the AHSN and SNEE ICS, we were able to identify cases of atrial fibrillation through a remote digital pathway that used two technologies, FibrCheck and ZioXT Patch (read more [here](#)). Together, we are also focused on using technologies including Medwise, Liberate Pro and Onkohealth to improve how we can support and educate patients and clinicians. We recognise the role that innovation can play in supporting the delivery of the NHS Green Plan and are working with Phase Change Solutions to improve cold chain security and efficiency.

Knowing that these innovations had all been through Eastern AHSN's robust review process made it easier for us to identify which could be possible solutions to some of the most pressing issues we faced as a system. As we continue to collaborate in 2023 and beyond, we will be able to share the learning from our own implementation, as well as see what is working in other developing ICSs.

As a physiotherapist with nearly 20 years' experience in the NHS, I was excited to have the opportunity to shape this role to support the adoption and spread of innovation, starting in September 2022. We are creating a research and innovation strategy for our ICB to help achieve our aspiration of being a leading system in research and innovation. We are also planning to launch a Research and Innovation Network across our system with the support of Eastern AHSN.

With Eastern AHSN, the current access to Spectra Optia Apheresis (red cell exchange) for people with sickle cell in BLMK is being reviewed. We are hoping to provide this specialist treatment in BLMK. This is so important to ensure we are reducing health inequalities – something that we are very determined to achieve.

Linking to the BLMK ICS priorities 'start well' and 'live well', we are implementing MySpira this spring. MySpira is an augmented-reality training app for children with asthma. It aims to improve understanding and management of their condition. We look forward to sharing the outcomes of this pilot.

Frailty and falls continue to be a priority area nationally and locally. We are planning to pilot GaitSmart technology to objectively measure mobility and provide a personalised exercise programme. We hope GaitSmart will reduce falls, improve mobility and, most importantly, help people to remain independent in their own homes for as long as possible.



**Emma Brown, Head
of Innovation for
Bedfordshire, Luton
and Milton Keynes
Integrated Care
Board (BLMK ICB)**

We are two innovation ambassadors whom Eastern AHSN co-funded within our Trust to raise the profile of innovation and facilitate a culture that empowers staff with innovative ideas. We ran a survey to understand existing staff attitudes and gather insight into the barriers they saw to innovating, which helped us know where to focus our efforts. We ran innovation cafes for staff to support their innovation journeys and created a platform for sharing ideas.

We joined Eastern AHSN's Innovation Review Panel to contribute as clinicians and learn how the process worked, and to take this back to our organisation. The Trust now has a set of criteria that can be used to triage, score and prioritise ideas. Through this work, we also led a project to embed the use of interactive maps for patients across the Trust, with links attached to appointment letters so they can familiarise themselves before their visit.



Shagufta Dalal, Deputy Clinical

Shagufta Dalal, Deputy Clinical Quality Manager and Innovation Ambassador at Cambridgeshire Community Services NHS Trust

Susie Robertson, Service Manager for Speech and Language Therapy and Nutrition and Dietetics at Cambridgeshire Community Services NHS Trust

before their visit.

The feedback that we have received shows that, because of our work, staff have greater motivation and enthusiasm for innovation, with approximately 70% stating that they would share their ideas. Innovation doesn't happen overnight, but it's exciting to see how many challenges might be met with solutions from within the Trust over the coming years and from thinking about new ways of solving everyday challenges.

Following the success of the innovation ambassador roles and the head of innovation roles in SNEE and BLMK ICS, we are co-funding and have successfully appointed, a head of innovation within Cambridgeshire and Peterborough ICB, due to start in summer 2023.

To find out more about the impact of Shagufta and Susie's work, click [here](#).

Supporting an innovation hub across Cambridgeshire and Peterborough

Eastern AHSN was a key partner in a successful bid to establish *the Cambridgeshire and Peterborough Adopting Innovation Hub* in February 2022, as part of a national programme funded by the Health Foundation until 2024.

The Hub is embedded in the local health and care system to create a positive culture of innovation across the ICS workforce and support the system to adopt proven solutions. As a partner, Eastern AHSN provides a strong link to national partners, projects and innovation providers.

In our first year, we are already seeing an impact, with a particular focus on addressing core drivers of health inequality: cardiovascular disease, obesity, and mental health. We collaborated with Eastern AHSN and Cambridgeshire and Peterborough ICS in a successful bid to the *Innovation for Health Inequalities Programme* to fund activities to optimise lipid management for patients in primary care. We will also offer ECG testing using KardiaMobile for people who present with symptoms of atrial fibrillation. By testing at their GP practice and at agreed community settings (such as food banks, places of worship and community centres), we aim to identify this potentially life-threatening condition in harder-to-reach individuals.

Finally, Eastern AHSN has supported our Innovation Culture Club, which brings together local staff and innovators to provide the knowledge and skills needed to implement innovation in health and social care, and nurture a local community with an interest in innovation. In the first session, we invited Eastern AHSN colleagues to present as part of a session outlining the innovation landscape and support available across the region.



Working with providers to embed proven innovations

We believe that health is improved by great ideas, but great ideas only make an impact when they are put into practice. We have been working with providers across the region to help them understand the proven innovations available to them.

Creating a space for medical directors to learn and share

Ashley Shaw, medical director at Cambridge University Hospitals NHS Foundation Trust, said: “Eastern AHSN’s Medical Director Masterclasses convene peers in acute, mental health and community providers from across the East of England, in a safe environment to learn, network and share best practice. This year, the meetings have covered talks on AI, communication, and quality improvement, as well as helping us keep abreast of developments in technology.

“Back in September, the AHSN invited some locally-based entrepreneurs to present their solutions that could really help our staff and patients. It was fascinating to see the breadth of innovation in our region and I know many of my colleagues have been able to take solutions back to their organisations for possible adoption.”

Embedding proven technologies in secondary care

A key part of our role is working with partners across our local health and care systems to embed innovation being rolled out across England through the AHSN Network. One example of this is our support of the delivery of the NHS England MedTech Funding Mandate (MTFM) – a commitment within the NHS Long Term Plan to give patients faster and more equitable access to selected NICE-approved, cost-efficient technologies. Eleven technologies are included in the programme that support a range of health conditions and patient pathways, including new tests and procedures that help diagnose diseases faster or more accurately, surgical innovations that improve experiences for patients with less-invasive operations or procedures, and new and emerging technologies that treat rarer conditions in new ways.

This year, we worked with all five of our ICSs, 13 hospitals, and specialist commissioners of care to support the adoption of such innovations across our region through practical, hands-on help to implement and deliver the changes required.

“Eastern AHSN has really supported our approach to implementing the MedTech Funding Mandate – it regularly attends our forum and provides technical advice and support on the policy, and how best to implement it locally, to ensure any changes are sustainable and affordable. Its support has made adoption so much simpler”

– Zoe Nash, senior programme manager planned care Norfolk & Waveney ICS





We have also supported the Spectra Optia Apheresis System as part of the MTFM, a product to undertake automatic red blood exchange to support people with sickle cell anaemia

MTFM Spotlight: PIGF testing

In 2022/23, on behalf of The AHSN Network, our team supported the rollout of PIGF testing, a new diagnostic test tool for pre-eclampsia, a serious condition that affects people who are pregnant. Now, 95% of the maternity units in our region use the test to rule out pre-eclampsia, helping doctors and midwives to quickly and easily determine the most appropriate level of care required for their patients. This could mean avoiding an unplanned stay in hospital.

To find out more about all the technologies supported through the MedTech Funding Mandate, visit our [website](#).

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If you want to understand how we work with healthcare systems, you can visit our website or contact sarah.robinson@eahsn.org for a conversation about how we can support your organisation to innovate better.

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Up next: An outline of the rollout of national patient safety improvement plans and successes.



References

¹ Hewitt, P. (2023). An independent review of integrated care systems. [Online]. [Gov.uk](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf). Last Updated: 4 April 2023. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf [Accessed 5 April 2023].



Embedding system-wide **patient safety** improvement



Improvement and innovation should never come at the price of patient safety. Caroline Angel, Director of Patient Safety at Eastern AHSN, shares how we have worked across acute, non-acute and community settings to share and spread evidence-based practices, products and tools.

As health and care professionals, we all want to follow best practice in how we deliver services, giving our patients the chance to achieve the best outcomes, while reducing the risk of anything going wrong. The safety of patients is a critical thread running through all of Eastern AHSN's work, but we have specific programmes aimed at helping services in our region improve their processes and practice.

The National Patient Safety Improvement Programmes (NatPatSIPs) support a culture of safety, continuous learning and sustainable improvement across organisational boundaries throughout the healthcare system. They are delivered by Patient Safety Collaboratives (PSCs), which are hosted by AHSNs. This year, we have worked with trusts and commissioners across the East of England on five core programmes.

Patient safety at a system level

**Joy Kirby, assistant director – clinical quality, patient safety specialist,
NHS England – East of England**

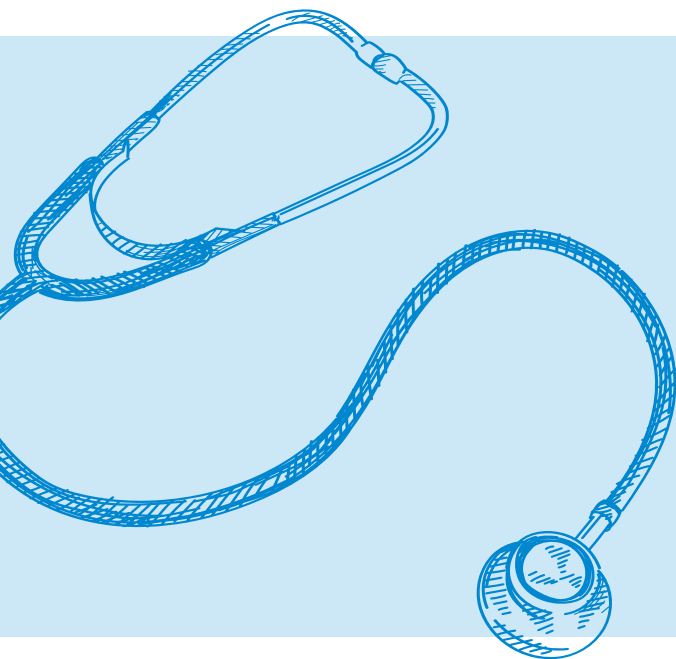
Patient safety and quality improvement are central to NHS services, and while it's always been a priority, integrated care systems (ICSs) present an invaluable opportunity to implement NHS England's National Patient Safety Strategy across the region. We have been working closely with colleagues from Eastern AHSN and

“The team's expertise and commitment have been instrumental in

patient safety specialists within ICSs to deliver the strategy and embed the Patient Safety Incident Response Framework (PSIRF) to continuously improve patient safety, building on the foundations of a safer culture and safer systems.

This is a huge piece of work across England, and Eastern AHSN colleagues have been instrumental in convening healthcare professionals from across organisations to facilitate the sharing of best practice in the implementation and embedding of PSIRF to ensure safe and effective patient care.

strengthening the patient-safety culture across the East of England”



Identifying deterioration to avoid hospitalisation

We have continued to work with care homes to adopt a common language related to deterioration across the health and social care system, to ensure clarity when transferring vital clinical information between healthcare professionals. We supported a pilot to combine this with a remote-monitoring tool, which led to a reduction of 73 (15.75%) conveyances to hospital, with an estimated cost saving of £201,810 over six months across 33 care homes.

As of March 2023, 78% of care homes have spread the use of deterioration management tools in place to all residents and 22% are testing or implementing deterioration management tools. Having established a Care Home Network to convene care staff and support this work, we have handed over management of the group to the Regional Enhanced Health in Care Homes (EHCH) lead upon closure of this programme from April 2023 onwards.

A stronger start in life

We have worked with maternity units across the region to improve the outcomes of very premature infants through the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP). Our work included supporting the spread and adoption of the preterm perinatal optimisation care pathway, which aims to reduce stillbirths, neonatal deaths and hypoxic brain injury.

In our region, our continued support through this programme has meant that...

608 women giving birth at **less than 30 weeks of gestation** received magnesium sulphate **within 24 hours prior to birth**. This means an estimated **16 babies will not develop cerebral palsy, saving an estimated £12.8m** in lifetime health and social care costs.

Between **17 and 29 babies born at less than 34 weeks** had a better chance of survival because their **umbilical cord was clamped at least one minute after birth**.

Reducing avoidable medication-related harm

Harm associated with high-risk medicines in common use continues to challenge our health and care systems. The Medicines Safety Improvement Programme (MedSIP) affects safety culture and safety systems, bringing the science of continuous safety improvement to bear on this complex problem.

Across Norfolk and Waveney, the programme has helped healthcare professionals improve patient quality of life through a significant reduction in opioid and other dependence-forming medication prescribed for chronic pain.

“Efficient to watch at a time convenient to me”

– Health and social care professionals reflect on our QI bitesize training

Opioids are a highly effective class of analgesics and can be of great benefit to many people living with pain. However, when the source of long-term pain does not have a cause that can be treated, opioids can do more harm than good, particularly at higher doses. We estimate that for every 62 patients with chronic pain who can be supported with alternatives to long-term opioid analgesia, one life can be saved. This equates to 594 patients, saving nine lives in 2022 based on data from Unity Insights (December 2022)¹. That's why we

have supported the rollout of the opioid deprescribing toolkit across primary care providers in Norfolk and Waveney, to enable them to use the appropriate tools to help reduce opioid reliance in patients.

Since 2018, prescribing rates had been increasing year on year, with an 11% increase (2,262 patients) by March 2022. However, prescribing has reduced by 2.6% (594 patients) in the nine months to December 2022.

Our online quality improvement bitesize learning sessions have been watched more than 650 times. Find out more on our website

About the course

4 pre-recorded QI sessions
Led by a registered QI professional

1 online Q&A session hosted live

540 health and care professionals
registered to view and were asked to provide
feedback on course

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If you want to discuss how Eastern AHSN can support a quality improvement programme in your organisation, or understand more about our offering in 2023/24, contact caroline.angel@eahsn.org.

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Up next: Read what we're doing to reduce health inequalities across the population.



References

¹ Medications Safety Improvement Programme (MedSIP) Methodology Report. unityinsights.co.uk: Unity Insights. p9.



Health inequalities

Health inequalities are unfair and avoidable differences in health across the population and between different groups within society. Reducing health inequalities is key to our strategy and underpins our purpose of turning great ideas into positive health impact.

Core20PLUS5, the NHS England and NHS Improvement approach to supporting the reduction of health inequalities at a national and local level, was published this year. Core20PLUS5 populations in England suffer from poorer health outcomes, which can be accentuated by inequitable access and experiences of health and care services and treatment pathways. The approach defines two population cohorts – the 'Core 20 (national focus) and PLUS (local focus) – along with '5' clinical areas requiring accelerated improvement to help reduce inequalities. Core20PLUS5 has also recently been adapted to apply to children and young people.

Core20

people living in the **20% most deprived areas of England** – as defined by the Index of Multiple Deprivation

PLUS

other **excluded / disadvantaged groups** – as recognised by the locality

5

clinical priority areas

- CVD
- Maternity
- Severe mental illness
- Chronic respiratory conditions
- Early cancer diagnosis

At Eastern AHSN we continue to support programmes in these areas while ensuring that we gather robust, real-world evidence to understand how innovation can impact on health inequalities.

Our specialist capabilities

As well as our commissioned programmes and our support in helping innovators develop their solutions and embed them in health services, we are also recognised for our specialist expertise across health and care innovation. We take on selected additional commissioned work and consultancy in these areas to deliver impact in the region and reinvest the income to support us in delivering our purpose.

> Evaluation

> Health informatics

> Environmental sustainability

> Patient and public engagement and involvement

> Gathering insight

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If you have an innovation that could help us address health inequalities, get in touch: enquiries@eahsn.org.

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Up next: Take a look at how we have ensured best outcomes for everyone by understanding how innovations impact on health inequalities.





Gathering insight to increase impact



Sophie Knight, Principal Advisor at Eastern AHSN, explains how we have ensured that we understand the impact of innovation on health inequalities so that we can improve outcomes for everyone.

We know that health is improved when great ideas are put into practice. But how do you know that implementation has been a success? How do we ensure that implementing a new way of delivering a service won't further entrench health inequalities?

We have been working with partners to develop insight from real-world validation of innovation projects across the East of England. In this article, we briefly describe three ongoing projects that will deepen our understanding of how some important healthcare technologies work in practice for patients and staff. Two of these projects have not yet reported in full and will feature in subsequent annual reports, but we are delighted to have expanded our work into this area, working closely with our partners at the NIHR Applied Research Collaboration East of England (NIHR ARC EoE).

Assessing how remote-monitoring pathways affect different patient groups

Over this year, we have worked in partnership with the NIHR ARC EoE to evaluate how remote monitoring can track a wide range of conditions at home, and who it can help most. The project has received funding from the NHS Insights Prioritisation Programme (NIPP) to create practical and accessible implementation guidance for healthcare organisations and patients, highlighting how to make the best use of remote monitoring. Findings will also support healthcare providers and commissioners looking to implement new remote-monitoring pathways, including key factors for consideration during planning, set-up and delivery, as well as how to engage hard-to-reach groups. We worked with the East of England Citizens' Senate to ensure representation of a Lived Experience Advisory Panel to help steer the project.

The team is currently analysing the data with a view to publishing the findings in the summer of 2023.

[Find out more about our work supporting remote-monitoring pathways.](#)



Addressing health inequalities through innovation at a system level

The Innovation for Healthcare Inequalities Programme (InHIP) has been commissioned by NHS England's Accelerated Access Collaborative (AAC), in partnership with the AHSN Network. The programme offers funding and support to integrated care systems (ICS) to enable the adoption of NICE-approved technologies and medicines that address clinical priorities within the NHS Core20PLUS5 framework.

We have been working with our local ICS partners to launch four projects within InHIP, aimed at improving the detection and management of atrial fibrillation (AF), supporting lipid management, and increasing the uptake of bowel cancer screening in prioritised Core20 and/or PLUS populations.

To date, our system partners in Hertfordshire and West Essex have held three community engagement events, in areas with a high prevalence gap for AF. The heart health check events provide education on cardiovascular disease (CVD) risk and offer health checks. From these events, 15 patients have been identified as at risk of CVD and supported to access follow-up in primary care.

A patient, giving feedback on a session, said it was "good to have this information for people from ethnic communities".

A full report on this work will be published in March 2024. Find out more about our work helping ICSs in our region to address health inequalities [here](#).

“While the pandemic provided an incentive to quickly redesign outpatient services, it also shone a light on health inequalities arising from how services are delivered”

How do digital rehabilitation programmes impact health inequalities?

We partnered with engagement specialists to gain a clearer picture of how rehabilitation support was being delivered remotely, and the impact on health inequalities.

Commissioned by the East of England Rehabilitation Network and the East of England Trauma Network, the project involved a rapid evidence review of current guidelines and a service provider survey, to develop a report that shares quality improvement recommendations and case studies of the patient and provider perspective.

We presented our findings to 46 rehabilitation and health inequalities professionals and facilitated discussions on how we can best embed the report's recommendations in services across our region.

Rachel Wakefield, regional chief allied health professional for the East of England, NHS England, said: "While the pandemic provided an incentive to quickly redesign outpatient services, it also shone a light on existing health inequalities arising from how services are delivered. As we continue to explore how digital solutions can be best applied in rehabilitation pathways, it's important that we understand what effect they have on different parts of our population.

"This wasn't easy, but this project enabled us to identify best practice for digital rehabilitation services and embed it throughout services in our region. This will hugely benefit patients and was only possible because of Eastern AHSN's expertise, adaptability and perseverance."

Find out more about this work, and download the final report, on our website

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If you have an idea to tackle health inequalities, get in touch; enquiries@eahsn.org.

Identifying cancer earlier



Jag Ahluwalia, Chief Clinical Officer at Eastern AHSN, explains how innovation is helping cancer services improve outcomes and reduce inequalities in life expectancy.

Cancer is one of the biggest contributors to inequalities in life expectancy¹. Earlier cancer diagnosis is one of the five clinical areas of focus targeted within NHS England's Core20PLUS5 programme – with an ambition that 75% of cancer cases will be diagnosed at stage 1 or 2 by 2028. In the East of England, this equates to an additional 5,570 people a year². Data shows that fewer cancers are diagnosed at early stages in areas with higher deprivation, which contributes towards a lower life expectancy³.

In recent years, the NHS has been working hard to meet the adverse effects of the COVID-19 pandemic on cancer diagnosis, with the latest available data showing that 60% of cancers were diagnosed at stage 1 or 2 in 2022 in the East of England – the highest number ever⁴. This welcome focus on earlier cancer diagnosis continues to be a priority for Eastern AHSN, where we are looking at how we can support this through innovation across multiple programmes.

Supporting clinicians with cancer diagnosis

Eastern AHSN supported the implementation of C the Signs across 35 GP practices in Ipswich and East Suffolk. C the Signs is an integrated clinical decision support tool that helps healthcare professionals find cancer at the earliest, most curable stage. It uses AI to support GPs with risk-assessing patients by checking combinations of signs, symptoms and risk factors, and will then

suggest an appropriate diagnostic pathway – supporting GPs to make suspected cancer referrals.

Across the 35 practices, there were 303 registered users in February 2023, with 60% in clinical roles and 40% in administrative roles. The evaluation found that staff rated the tool as highly effective, easy-to-use and a support to clinical decisions, particularly through prompts and suggestions to help them consider lesser-known cancers.

It also highlighted areas for improvement to enable wider adoption and spread of C the Signs, such as a longer onboarding process and peer support between high and low users of the tool.

Eastern AHSN provided funding and project management support for an independent evaluation of the innovation, led by Anglia Ruskin University, which will report in the summer of 2023.

Innovation spotlight: Neurocheck from 52 North Health

We all need a certain minimum level of white blood cells, known as neutrophils, in our circulation to help us fight infection. If the number of neutrophils falls too low, a condition known as neutropenia arises, which can increase the risk of infection. Neutropenia is a common complication of some chemotherapy drugs used in treating cancer.

We are supporting Cambridge MedTech start-up 52 North Health and its *Neurocheck* innovation. This pioneering at-home finger-prick blood test checks whether a cancer patient is neutropenic and therefore at increased risk of developing neutropenic sepsis, a whole-body reaction to infection that kills two people across England and Wales each day⁵.

Accurately assessing the level of neutrophils in cancer patients at home would enable at-risk patients to get to hospital as quickly as possible and to get the treatment they need, as well as avoiding unnecessary hospital visits for those who test negative for neutropenic sepsis.

Read more about our work with 52 North Health and Neurocheck [here](#).

“NHS teams across the East of England are treating more cancers at an earlier stage than ever before⁸”



Detecting oesophageal cancer in primary care

There is evidence that screening people based on their risk of lung cancer can save lives, but screening services were badly affected by the pandemic, with several services put on hold at the beginning of the lockdown⁷. This has given us an opportunity to review how we are target testing for those in high-risk groups for other cancers. We have been working with our local health systems to implement Cytosponge – a tool to detect Barrett’s oesophagus (a precursor to oesophageal cancer) which is minimally invasive. We have been trialling its use in primary care services, providing easier access for patients by offering appointments in their local areas, in a setting with which they are familiar.

Its use in primary care avoids placing additional burdens on already stretched secondary care services and should also reduce unnecessary referrals. Using Cytosponge across Cambridgeshire and Peterborough, Suffolk and Essex, the team is helping to gather data to understand whether this test could be effective in primary care for those at higher risk.

The wider project looking at Cytosponge in primary care has led to 488 people being tested for Barrett’s oesophagus, of whom 21 were referred for an endoscopy with a possible cancer.

Reviewing teledermatology services in our region

Teledermatology refers to the use of static digital images to triage, diagnose, monitor or assess skin conditions without the patient being physically present⁶.

The use of this technology is intended to ensure that patients receive timely care in the most appropriate setting, while also increasing capacity for those patients who need face-to-face appointments.

Eastern AHSN was commissioned by the East of England Cancer Alliance to review how teledermatology platforms have been implemented and used in the East of England region across routine and two-week wait pathways.

Our work made recommendations to inform how commissioners and providers select and implement teledermatology innovation, as well as how to make the most of services across the region.

Click here to read more about our work supporting the use of teledermatology services.

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If you want to learn more about our work in cancer innovation, get in touch: jessica.garner@eahsn.org.

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[Up next: Find out more about our work in helping people have healthier hearts.](#)



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Prioritising heart health to beat health inequalities



Cardiovascular disease isn't just an indicator of health inequalities; it is a primary driver of them¹. Dr Pegah Salahshouri, Lead Cardiology Consultant at West Suffolk NHS Foundation Trust and Clinical Advisor to Eastern AHSN's CVD Programme, shares how we have been working with partners across the region to improve heart health.

Cardiovascular disease (CVD) affects around seven million people and is responsible for one in four deaths in the UK; that's more than 160,000 deaths each year, with more than 40,000 of them in those aged under 75². Despite being largely preventable, CVD is a leading cause of morbidity, disability and mortality in England, and is among the largest contributors to health inequalities³.

A report funded by Eastern AHSN, delivered in August 2022 in partnership with the University of Cambridge, found that more deprived areas tended to have a higher prevalence of all CVD conditions, reflecting the impact of the wider determinants of health on CVD outcomes. The exception was atrial fibrillation, which was found to be less prevalent in the most deprived areas, suggesting potential underdiagnosis of this condition.

If we want to address health inequalities, then cardiovascular disease prevention is a great place to start. That's why Eastern AHSN has been working to help improve the detection, management and optimisation of high-risk conditions related to CVD, optimising blood pressure and minimising the risk of myocardial

infarction and stroke across the region. I've been proud to support the team as a clinical advisor on this work and have been amazed by the expertise and passion the team has shown as they convene clinicians, and support the implementation of innovative interventions to improve the heart health of the population we serve.

Some of the highlights include:

Improving lipid management

High blood cholesterol is a risk factor for developing heart and circulatory diseases and can be caused by lifestyle and genetic factors. The aim of lipid therapy is to decrease this by lowering harmful cholesterol levels. Healthy lifestyle changes, such as reducing smoking and alcohol intake, healthy diets and physical activity are imperative. However, when lifestyle changes alone do not optimise cholesterol levels, drug therapy can help.

This year, more than 200 healthcare professionals have attended our lipid management training events and, according to prescribing data of lipid-lowering therapies, 89% of GP practices are now adopting the new NICE-endorsed lipid management pathway. Additionally, 19,689 extra patients in the region have been prescribed with a lipid-lowering therapy to optimise their cholesterol levels, which is estimated to prevent almost 2,000 cardiovascular events over the next five years⁵.

*Learn more about our cardiovascular disease (CVD) prevention programme on our **website**.*

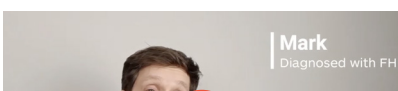


Identifying familial hypercholesterolaemia (FH)

Familial hypercholesterolaemia (FH) is a genetic condition that causes extremely high cholesterol levels and is estimated to affect around 1 in 250 of the UK population⁶. Without treatment, FH can lead to heart disease at a very young age and people with undetected FH are four times more likely to have a heart attack or stroke than the general population⁶. However, once it's been diagnosed, it can be treated with medicines and a healthy lifestyle.

This year, we have supported eight GP practices to take part in the FH Child-Parent Screening pilot and 51 children have been screened during their immunisation appointments. So far, two children have been referred for genetic testing and are awaiting results.

We have been part of a collaboration, working with Eclipse Live, East Genomics Medicine Service Alliance (GMSA), East Genomics, Norfolk & Norwich University Hospitals, Norfolk & Waveney ICB and PRIMIS, to develop the Eclipse Live FH Hub.





Understanding familial hypercholesterolaemia (FH): Mark's story:

The Hub identifies the highest-risk FH patients and offers 12 virtual clinical assessments per week. It also reduces waiting list times for assessments by approximately 12 months through proactive triage.

Our work with the East GMSA and the East Genomics team has also resulted in developing an East of England FH Info Zone for healthcare professionals, expanding access to FH genetic testing as outlined in the NHS Long Term Plan – the first region in the country to achieve this.

“Through designing programmes with equity in mind, and monitoring results by disadvantaged groups to inform continual improvement, quality improvement programmes can reduce inequalities across the East of England and ensure their benefits favour those who are most disadvantaged”

– Dr John Ford, clinical lecturer in public health at the University of Cambridge⁴

Detecting irregular heart rhythms to reduce strokes

Atrial fibrillation (AF) is one of the most common forms of abnormal heart rhythm (arrhythmia) and a major cause of stroke. Around 1.5 million people in the UK have been diagnosed with the condition and it is estimated that there are at least 270,000 people aged over 65 with undiagnosed (or silent) atrial fibrillation in the UK⁵.

This year, Eastern AHSN brokered a pilot of a new remote AF detection pathway across West Suffolk and Ipswich hospital sites. The pilot used a population health-management approach to identify individuals at higher risk of AF to offer heart-rhythm monitoring for seven days using FibriCheck. FibriCheck is an innovative, hardware-free smartphone and smartwatch application that detects cardiac arrhythmias using the phone's camera.

Where screening suggests the potential presence of AF, patients are offered further diagnostic assessment for 14 days via ZioXT Patch, a wire-free remote ECG monitor, which collects data that is then analysed by AI technology. This AI technology is validated by cardiac physiologists and is recommended by NICE. This is followed by a remote consultation and initiation of treatment to prevent avoidable strokes where appropriate.

Over the course of the pilot, 1,192 people at higher risk of AF used the FibriCheck app, with 36 going on for further monitoring with the ZioXT Patch and 10 being diagnosed and treated for AF. Two of these patients had no noticeable symptoms of AF, so would not have been identified via the traditional routes.





Relieving the pressure

The Blood Pressure Optimisation programme, delivered by Eastern AHSN in partnership with NHSX, and commissioned by NHS England, aims to prevent heart attacks, strokes and dementia in patients with hypertension through the adoption of a standard framework for hypertension in primary care. We have been prioritising GP practices in the highest index of multiple deprivation areas across our region to maximise our impact.

This year, we have supported 178 GP practices to adopt a proactive approach to hypertension optimisation, including 34 in particularly deprived areas.

To help us understand hypertension management from a patient's perspective, we surveyed more than 700 members of the public to gain insight into their understanding of high blood pressure and how to best access and use services. On average, respondents reported being "extremely confident" about taking their own blood pressure, and 89% of people prefer to monitor their own blood pressure at home. We are now working with local commissioners and providers to embed the learnings from the survey into their practice.

*Are you interested in joining our Stroke Forum? Visit our **website** to find out more*



Creating a network for healthcare professionals in stroke services

Eastern AHSN proudly hosts the East of England Stroke Forum, which was relaunched this year. The aim of the forum is to nurture, develop and sustain a community of knowledgeable professionals, competent in meeting the needs of individuals affected by stroke in the East of England. To this end, we have created an online repository with resources related to stroke research and care to support clinicians' continuous professional development.

In November, we ran the first in a series of more than 20 interactive online learning events with expert speakers and clearly defined learning objectives. The session recordings are available on our website and will run until 2025. We are currently planning the first annual face-to-face conference for the forum in September 2023.

“The Stroke Forum has helped convene the healthcare community to discuss this vital work, network and keep abreast of best practice, to the huge benefit of our patients”

– Lynda Sibson, telemedicine manager for the East of England Stroke Telemedicine Partnership

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If you want to find out more about our work to improve the detection and management of CVD, visit our website or contact nick.pringle@eahsn.org.

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Up next: Read about the work we are doing to support mental health.



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Making sense of complex health data



Mark Avery, Director of Health Informatics at Eastern AHSN, explains Eastern AHSN's role within Cambridge's world-leading health informatics community.

Health informatics is the science of how we collect, analyse and use data to generate information and intelligence to improve people's health. Healthcare researchers frequently work with huge volumes of data that need to be arranged, manipulated and analysed, often in combination with other datasets, to be useful for research. Protecting individuals' privacy is also critical and the use of personal data needs to be transparent, which may require securing appropriate consent from patients and research ethics approvals.

With advances in processing power and the understanding of genomics, we are facilitating the use of health informatics to spot trends, advance research, develop medicines and help patients access effective treatments faster. Eastern AHSN has considerable experience and expertise in helping innovators and research organisations to collaborate through better use of healthcare data by building and connecting datasets within secure data environments. Such environments support access to (rather than sharing of) subsets of data for specific, approved researchers to answer specific, approved research questions – enabling research and protecting people's privacy.

Enabling smoother data sharing across organisations

One of the projects we support is **CYNAPSE**, a project to build a common data architecture so that genomic and other biological data may be shared effectively and safely, initially across the Cambridge Biomedical Campus. CYNAPSE enabling clinical collaboration and innovation by allowing researchers to work jointly on datasets held in separate locations. This is achieved using a process called data federation. Data federation builds a bridge between research environments to enable researchers to leave very large datasets in situ and analyse them remotely, while ensuring people's privacy is protected, pulling only the results into a secure and trustworthy research environment.

The CYNAPSE platform is owned by the University of Cambridge and has been established and

Having convened partners and project managed the implementation of the platform, this year we saw selected researchers using it for the first time and we are now working to identify other research groups that are interested in joining the platform.

Did you know?

The CYNAPSE project, alongside Genomics England, has enabled the first federated analysis of genomic data between a national programme and a higher education institution in the UK



funded by the National Institute
for Health and Care Research
(NIHR) Cambridge Biomedical
Research Centre

Avoiding apples and oranges in health data

In 2023-24, we are working with the Biomedical Research Centre (BRC) to extend the CYNAPSE platform to support more research, while also working with health and care providers to embed a common data model that will enable more uniform analysis across different datasets across England and internationally. Working this way will help us better understand global data trends, facilitate smoother international collaboration on research projects and improve the interoperability of health data across different health and care providers.

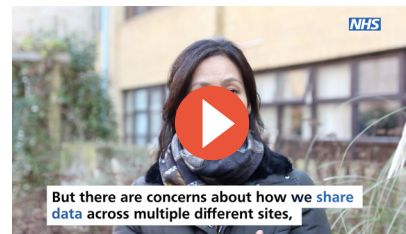
Separate genomic research databases successfully federated

A team comprising local healthcare and research organisations in Cambridge was granted funding to demonstrate how analysis can be undertaken across separate, secure and remote databases simultaneously, as if they were one, using a data-federation approach. The funding came from UK Research & Innovation as part of Phase 1 of the Data and Analytics Research Environments UK (DARE UK) programme, which is delivered in partnership with Health Data Research UK (HDR UK) and Administrative Data Research UK (ADR UK).

The DARE UK project was led by the University of Cambridge as part of the National Institute for Health and Care Research Cambridge Biomedical Research Centre (NIHR Cambridge BRC), working with Genomics England, with platform and technology innovation from UK enterprise Lifebit, project management from Eastern AHSN and Cambridge University Health Partners and was supported by patient and public representatives throughout.

Collectively, partners delivered what we believe to be the UK's first demonstration of genomic data federation by bridging the research environments of the NIHR Cambridge BRC and Genomics England to enable researchers to access and work with both databases safely without moving original data, only the combined analysis results.

The final report, 'Multi-party trusted research environment federation: Establishing infrastructure for secure analysis across different clinical-genomic datasets', evaluates the impact of the project and shares learning that can be applied to future healthcare data programmes.



*Professor Serena Nik-Zainal
talks about the potential for research
to use different datasets without
having to move the data*

Building health data research around patient involvement

We were a key partner in the development of *Gut Reaction*, a secure data resource to facilitate academic and industry research into inflammatory bowel disease (IBD). The platform draws together the data of thousands of patients enrolled in the NIHR BioResource, who have already provided consent for their health records to be used for medical research. Approved researchers can retrieve this information to use in conjunction with 'real-world' data from participating NHS hospitals and the UK IBD Registry.

The project involved building the technical architecture to create a secure research resource and ensuring there are robust processes in place to involve patients in decision-making about how approved researchers access data while protecting the privacy of individuals. We worked closely with our Patient Advisory Committee to involve it in the design and implementation of a new data-access process for the platform. This patient-centred approach was recognised at HDR UK's annual awards in December 2022, where the project *won the Public and Patient Involvement and Engagement Award*.



If you want to learn more about our work in health data research and informatics, or how we can support innovators in their digital and data science capabilities, contact us at healthinformatics@eahsn.org.



Developing evidence to understand impact

Dr Judith Fynn, Principal Advisor at Eastern AHSN, outlines how Eastern AHSN helps evidence real-world impact.

Developing and implementing an innovation or new way of working is often complex. With so many variables it is not always easy to clearly measure the impact of the innovation on patients, services and the health and care workforce. However, it is vital to evidence the real-world impact of an innovation or a change in practice to ensure the sustainability of the change.

Eastern AHSN can help you to measure the impact of an innovation or transformation project by using evidence-based approaches in research and evaluation. This allows for the generation of insights to support decisions about which innovations and pathway changes should be adopted. Evaluations can also focus on the process of adoption, identifying barriers and enablers that provide vital learning to support the adoption of innovation.

“A fantastic product was developed and this was a result of being able to tap into Eastern AHSN’s unique skills to develop a high-spec product. We plan to work again with the Eastern AHSN in the near future”

- Rifat Qureshi, head of digital transformation, NHS England - East of England

Our team boasts vast experience and expertise in implementation science and qualitative, quantitative, and mixed-methods research. We have a mix of clinicians, clinical academics and academics working in our team. We work collaboratively with partners to understand their needs and help them build evaluation into every step in the innovation adoption pathway, ensuring that we capture the voice of stakeholders, including patients and staff, during our evaluations.

Rifat Qureshi, head of digital transformation at NHS England – East of England, said: “We worked with Eastern AHSN to develop and roll out the East of England evaluation framework. Using logic models was a fairly new concept within our region and most of the systems were using informal internal evaluation methods prior to the framework being implemented.

“To support system leads, Eastern AHSN colleagues were always available and also provided further targeted support when it was needed. A fantastic product was developed and this was a result of being able to tap into Eastern AHSN’s unique skills to develop a high-spec product. We plan to work again with the Eastern AHSN in the near future.”

In addition to our work with NHS England – East of England, we have led a qualitative evaluation of the chronic obstructive pulmonary disease (COPD) virtual hospital, which uses digital solutions to monitor and care for patients – helping keep vulnerable patients safely at home while still receiving care and clinical oversight. We have also been a lead partner in the NHS Insights Prioritisation Programme (NIPP), working with East of England ARC to understand the implementation and impact of remote monitoring pathways in integrated care systems.

Eastern AHSN can support evaluation projects from early stages right through to adoption and spread.



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For an initial conversation about your needs and how Eastern AHSN can help contact: judith.fynn@eahsn.org.

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Up next: How we are committed to helping the NHS reach net zero.



Helping healthcare go green



Supporting the delivery of net zero in the NHS, Phil Shelton, Sustainability Lead at Eastern AHSN.

A

t Eastern AHSN, we are committed to helping the NHS to achieve its goal of becoming the world's first net zero national health system. The climate emergency is also a health emergency, and we have a key role in enabling sustainability across healthcare. We do this by supporting innovators with green solutions or by helping healthcare providers to identify and make better use of existing innovations.

Improving carbon literacy

Our healthcare system accounts for more than 4% of the UK's total carbon emissions, which offers both a complex challenge and huge potential to help make an impact via carbon-reduction programmes¹. Eastern AHSN has partnered with sustainability experts Carbon Action to develop and deliver training for colleagues across the healthcare system – innovators, healthcare professionals, corporate sustainability leads, small businesses, and NHS providers or suppliers – who want to enhance their carbon literacy, quantify emissions and implement carbon-reduction plans. The training also helps them understand how sustainability scoring impacts on their success in navigating requirements within NHS procurement. Sessions will run throughout 2023 and 2024.

Submit your sustainability innovation: If you have an innovation that could help the healthcare system reach its sustainability goals, we want to hear from you.

“The session was well delivered and made a technical session very accessible. I found it informative and engaging throughout”

– sustainability lead, NHS trust

Towards a greener NHS through innovation

Across healthcare, we need to see where we can help make small changes that could make a big difference. Healthcare isn't the only industry looking to reduce emissions, and some of these solutions already exist; we just need to find them and see how they can be used in healthcare services.

That's why, this year, we have launched a pipeline for innovators whose products may not have been designed specifically for healthcare, but that have the potential to have an impact.

“Eastern AHSN is well placed to help the NHS achieve net zero because it has the expertise required to identify innovations that deliver impact and, further, help establish and evaluate trials to measure their impact in a health setting. That's why we have been confident to introduce Eastern AHSN to organisations and individuals who are passionate about improving sustainability in the NHS”

– Stella Cockerill, regional Net Zero Programme lead, NHS England – East of England

We have already brokered a trial of Apollo BioPCM Panels to enable precise temperature control in refrigeration across three GP practices. The panels were developed by [Phase Change Solutions](#) and are made using plant-based materials. When fitted inside a refrigerator, they reduce energy consumption and regulate temperature for longer, which we hope will prevent medicines being wasted.

The trial is being run in partnership with Phase Change Solutions, Suffolk and North East Essex integrated care board and Sudbury Primary Care Network, and will run until autumn 2023. Eastern AHSN has helped design the pilot and will be evaluating its impact. [Read the full story.](#)





Trialling a greener gown

Protective clothing used in healthcare, such as surgical gowns, are typically made from plastics and disposed of by landfill or burnt at high temperatures. These disposal methods contribute significantly to plastic waste and carbon emissions. We are working with **Greenleaf Surgical** to test a fully recyclable and biodegradable surgical gown at East Suffolk and North Essex NHS Foundation Trust, with a view to a trial in clinical settings by late 2023.

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*If you want to discuss how innovation can support sustainability in healthcare, contact **philip.shelton@eahsn.org**.*

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Up next: How we help innovators and organisations build strong patient insight into their innovation projects.



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