Celebration of Innovation Event 20.07.17
Welcome and Introduction

Dr Christopher Parker CBE, WMAHSN
Housekeeping

- #WMAHSNawards17
- Wifi – hhonors Password: ahsn
- No fire alarms expected
- Fire meeting point in the car park
- Car parking - to validate ticket please enter ‘wiufi’ into the machine to discount parking – there will still be a fee
- Toilets are outside of this room to the right
- Cloakroom is opposite registration desk
Reflections on Last Year

Tony Davis, WMAHSN
The 100,000 Genomics Project

a local delivery partner surgeon’s perspective

Sean James, WMAHSN
100,000 Genome Project
A National & Local Perspective

Infrastructure funding

Genomics
england

Masters Programme in Genomic Medicine
Genomics: What is it?

**Sequence of entire human genome**
- Approximately 20,000 genes - the same as a starfish!
- Intronic & Exonic DNA (non-coding & coding DNA)
- 3 billion letters (nucleotides)
- Sequencing detects genetic alterations causing disease in 25-40% more cases
- 21 petabytes of data by end of project.
The National Picture

Thirteen Genomic Medical Centres across England.

Scotland - Scottish Genomes Partnership

Northern Ireland and Wales - finalising plans.

The largest whole genome sequencing project in the world.

GENOMES SEQUENCED

31,730

(18/07/2017)
WM GMC Consortium

• WM Consortium in collaboration with WM AHSN

• 18 Trusts across the West Midlands working together to recruit patients across the region.

• 13,500 samples for Whole Genome Sequencing (Cancer & Rare Diseases)

• One of three GMCs nationally that are Cancer Accelerator Sites.
### Who can be recruited?

#### CANCERS
- Breast
- Colorectal
- Lung
- Prostate
- Gynae Cancers e.g. Endometrial, Ovarian
- Testicular
- Upper Gl
- Bladder
- Neuroendocrine
- Melanoma
- Adult Brain Tumours
- Sarcoma

#### RARE DISEASES
- Cardiovascular disorders
- Dermatological disorders
- Dysmorphic/Congenital
- Endocrine Disorders
- Growth Disorders
- Haematological Disorders
- Hearing/Ear Disorders
- Metabolic Disorders
- Neurology/Neurodevelopmental
- Ophthalmological disorders
- Renal/Urinary Tract Disorders
- Skeletal/Rheumatological
- Cancer Predisposition Syndromes
Why Take Part?

- Personalised treatment.
- Diagnosis of previously undiagnosed conditions.
- Explanations of symptoms at a genetic/genomic level.

- Additional findings- genomic changes that are known to cause serious, life threatening conditions, in certain genes.
- Carrier Status- inheritable mutations potentially passed on to children.
100,000 Genome project potential research avenues:

• New therapeutic compounds/Repurposed licenced therapies against newly identified mutations.
• Stratification of patient total risk & prognosis based upon personal sequence and mutations
  • Attribution of risk to specific mutations.
• Multidrug chemotherapy cocktails treating multiple mutations simultaneously.
• Point of care testing: Small chip arrays.
• Investigations into genome/environment interaction against phenotypic data.
• Elucidation of multiple gene interactions in pathogenesis of cancers/disorders.
• Development of systems to integrate Genomic data into healthcare treatment pathways.
• Commissioning of economic models to ensure embedding of genomic testing into healthcare UK wide.
100,000 Genome project- GeCips

• GeCIP Domains are UK-led consortia of researchers, clinicians and trainees.

• Each domain will work on improving the clinical application and interpretation of the data in the 100,000 Genomes Project.

They will also carry out research to
• Improve our understanding of genomic medicine and its application to healthcare
• Improve understanding of disease
• Lead the way to developing new diagnostics and treatments.

https://www.genomicsengland.co.uk/the-100000-genomes-project/data/research/
100,000 Genome project- A Clinician's Experience

• Strengthened links with Arden Tissue Bank staff
• Consolidates UHCW Breast Screening Service position as research friendly / orientated service
• CNS involvement
• Sending surgical specimens fresh for tissue banking now considered routine by theatre staff
• Associated increased patient interest in other research projects
• Fits well with plans for dedicated pre-op / research / consent clinic.
Acknowledgements

THANK YOU
WMAHSN support for SMEs, start-ups and social enterprise

Neil Mortimer, WMAHSN
Key routes to WMAHSN support

- **Meridian Innovation Exchange**
  - Responding to campaigns
  - Submitting innovations

- **Serendip Digital Incubator**
  - For startup SMEs working on digital health

- **WM Social Enterprise Network**
  - For social enterprises with health & care innovations

- **Our Networks**
  - Attending events
  - Subscribing to newsletters
Examples – Mental Health & Wellbeing

The first two activities for our Mental Illness Prevention Strategy for were MH Innovation Network events focused on innovator support:

- **Digital Innovators event**
  - 25 digital businesses were presented with the strategy and asked “How could you address the challenges?”

- **Social Enterprise Mental Health Hack Day**
  - Over 50 representatives interacting with care professionals on developing solutions

Both events have now resulted in follow-up meetings, discussing:
  - Finding delivery partners and markets
  - Access to funding / investment
Meridian: a user perspective

Tammy Holmes, WMAHSN
SPACE (Safer Provision and Care Excellence) Project

Tracie Wilson, Wolverhampton CCG & Caroline Maries- Tillott, Walsall Healthcare NHS Trust
Safer Provision and Caring Excellence in nursing homes

Caroline Maries-Tillott
Tracie Wilson
Background

- November 2014 events held by WMPSC identified harms in the care home environment
- The West Midlands Patient Safety Collaborative (WMPSC) recognised Wolverhampton and Walsall CCG’s to be early implementer sites.
- The successes of Essex PROSPER (Promoting Safer Provision of Care for Elderly Residents) programme were identified.
- September 2016 – Baseline evaluation commenced.
- November 2016-Formal introduction of PROSPER to care homes and name for project selected from submissions.
Care Homes on Programme

Walsall=11 Homes (691 Beds)
Wolverhampton= 18 Homes (1120 Beds)
Why?
To Promote HARM FREE CARE and to reduce numbers of hospital admissions from nursing homes

- Reduce pressure ulcers
- Reduce number of Infections
- Reduce number of medication errors
- Reduce number of hospital admissions from care homes
- Reduce falls
- And improving safety culture in NH’s
Method

Training in Quality Improvement Techniques

- Workshop- introducing QI techniques
- QI training in care homes for champions
- Flash training on key subjects – Falls, MCA/DOLS
- Targeted training with champions in homes
- Introduction of starter interventions as a catalyst for generating more ideas from the teams themselves.

Model for Improvement

Part One-
Helping staff define what they want to achieve/make a difference to and how to understand if change is an improvement.

Part Two – using a PDSA (Plan Do Study Act) cycle – outlining the steps for the actual testing of the change ideas.
Safety Cross roll out in Walsall & Wolverhampton June 2017

- 11/13 NH in Walsall = 84%
- 15/18 NH in Wolverhampton = 83%

- Complements collection of existing data by encouraging early detection of issues.
- Engages staff in measurement of harm free care
- Monthly data can be plotted and displayed
- Use in handovers as part of a ‘safety huddle’
- Enables trends to be identified and the team to agree on solutions for improvement.
- Development and PDSA of Innovative safety crosses
Improved Communication Systems to reduce impact of human factors

Improvements to handover

• Changes made to standardised documents

<table>
<thead>
<tr>
<th>NAME/DOB/HISTORY</th>
<th>EVAC</th>
<th>DNA</th>
<th>CONT</th>
<th>PAC</th>
<th>MOBILITY</th>
<th>DIET/FLUID</th>
<th>MCA/DO LS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN DOE</td>
<td>X2 W</td>
<td>D N A R</td>
<td>Pads</td>
<td>2 hr</td>
<td>Frame</td>
<td>Puree Target Fluid: 2.000</td>
<td>Exp 27/4/17</td>
<td>DAY:</td>
</tr>
<tr>
<td>D.O.B: 01/01/01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HISTORY:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia/Parkinson's</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• Relocation of handover
• Review of handover attendance
• Introduction/changes made to safety boards
• Introduction of mid morning safety huddles
Staff engagement with development of resident status at a glance safety boards
Improved communication and handover

**SBAR training video**

**Improvement Measures**

- Baseline SBAR survey RR & Case Managers
- SBAR used in rapid response referrals
- NH monitoring of response to SBAR
- SBAR Hospital passport
Hydration and Nutrition Initiatives

Fluid Target and Weight Safety Crosses

Food Diaries

<table>
<thead>
<tr>
<th>Monday (Specify Date)</th>
<th>Diet Offered</th>
<th>Amount Intake/Comment</th>
<th>Signature of Care/Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast: -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch: -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snacks, Supper &amp; Supplements: -</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fluid Balance Charts

Increasing fluid intake:
Fruit Platters / Smoothies / Jellies

Improved environments / menus and presentation
Walsall engagement in QI activity

- Red socks PDSA
- New handover and staff Education boards
- Involving the community - Twiddle Mitts
- Residents’ home made turn clocks and pimp my zimmer
- Therapeutic Environment to improve orientation in Clarendon
- Fruity Fridays
Wolverhampton engagement in QI activity

- QI Workshop
- Nutrition Activities
- Education Boards
- Falls Focus - Falls Friday
- Falls awareness sessions
- Linking Activities with other programmes
Care Home Acquired Pressure injury Harrison Unit Parklands Court

**Scoping Dec 16**
- Collation of baseline data
- Observation of handover
- Review of safety board
- RCA reviews of grade 2 & 3

**AIM agreed**
To reduce avoidable PI by 50% in next 12 months

**QI Interventions**
- QI & PI prevention training
- Review of continence assessments
- PDSA's
- Changes to safety board
- Turn clocks
- Changes to handover docs
- Changes to care routine

**Zero Avoidable Care Home acquired pressure injury since Jan 2017 181 days!! (up to 6th July 2017)**
Culture Change – Pressure injuries don’t happen here!
Falls sustained Orchard House Care Home

Orchard House Falls Data

Scoping Dec 16
- Collation of baseline data
- Observation of handover
- Analysis of falls data

AIM agreed
- To reduce falls by 50% in next 6 months

QI interventions
- Introduction of safety crosses – identification of themes
- PDSA’s
- Changes to allocated time to read care plans
- Introduction of zoning areas
- Changes in staff allocation to a 2:5 ratio
- Visual aid systems to identify risk June 17

Reduction in falls by more than 50% since Dec 2016

Culture Change – We Learn from Falls and ensure that changes are made and plans of care and communicated
<table>
<thead>
<tr>
<th>BARRIER</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely/accurate collection of data</td>
<td>Walsall – Prompt to NH by admin to collect data</td>
</tr>
<tr>
<td></td>
<td>Wolverhampton – Prompting by admin and support to use Survey Monkey</td>
</tr>
<tr>
<td>Project administration support</td>
<td>Walsall - Apprentice hours allocated to project</td>
</tr>
<tr>
<td></td>
<td>Wolverhampton – funded day of admin support</td>
</tr>
<tr>
<td>Releasing staff to attend QI and targeted training</td>
<td>Micro teaching sessions- 1-2 hour rolling sessions – location based</td>
</tr>
<tr>
<td></td>
<td>Targeted training with champions and subject teams</td>
</tr>
<tr>
<td>Staff Turnover</td>
<td>Building relationships</td>
</tr>
<tr>
<td></td>
<td>Resilience and Patience</td>
</tr>
<tr>
<td></td>
<td>Encourage team involvement in subjects</td>
</tr>
<tr>
<td></td>
<td>Proposal to develop passport to identify QI training</td>
</tr>
<tr>
<td>Engagement</td>
<td>Focus on early adopters</td>
</tr>
<tr>
<td></td>
<td>Use of Toolkits to generate ideas</td>
</tr>
<tr>
<td></td>
<td>Acknowledge that one size doesn’t fit all - encourage adaption</td>
</tr>
<tr>
<td></td>
<td>Identifying quick wins</td>
</tr>
<tr>
<td></td>
<td>Accessibility of facilitator</td>
</tr>
<tr>
<td></td>
<td>Celebrating success- Newsletters, events</td>
</tr>
<tr>
<td></td>
<td>Collaborative working with other services and each other</td>
</tr>
<tr>
<td></td>
<td>Recognise the need to sustain improvement</td>
</tr>
<tr>
<td></td>
<td>Avoid change fatigue</td>
</tr>
</tbody>
</table>
Next steps

• Continue to roll out to other homes
• NHs self assessment on current QI status
• Continued evaluation of project
• Increase collaboration and joint working
• Task groups for visitor engagement
• Appreciative Enquiry and Resilience Training
• Quality Improvement conference
THANKYOU FOR LISTENING
Making work better for all – the POPE-I Project

Chris Turner, UHCW
The POPE-i Project
Peer On Peer Exit Interviews

10 +5
The POPE-i Project

@orangedis
Youth Mental Health – a real opportunity for Prevention

“Roughly half of all lifetime mental disorders in most studies start by the mid-teens and three quarters by the mid-20s. Later onsets are mostly secondary conditions. Severe disorders are typically preceded by less severe disorders that are seldom brought to clinical attention”

Ranges of onset age for common psychiatric condition - Data from the National Comorbidity Survey Replication study
Vision

Individuals, families and communities will have access to knowledge, information and support to maintain their mental wellbeing.

Professionals and organisations supporting them will have access to the knowledge, skills and information to be effective and make the best use of available resources.
Principles

Future in Mind

Services need to be outcomes-focused, simple and easy to access, based on best evidence, and built around the needs of children, young people and their families rather than defined in terms of organisational boundaries.

Delivering this means making some real changes across the whole system. It means the NHS, public health, local authorities, social care, schools and youth justice sectors working together.
Priorities

- Focus on early years
- Work with schools to identify risks & supporting resilience
- Digital Solutions
- An integrated partnership approach
- Training & Development
- Whole community, integrated combinatorial approach
- Robust evaluation design
Employ Digital & Social Media Tools cross all (Universal) community / organisational /educational and public groups to raise awareness, promote self-help and resilience building strategies, reduce stigma and encourage sharing of best practice.

Digital resources, tools and interventions are an essential element of any proposed strategy that focuses on mental health particularly for prevention and early intervention approaches.

These can be used across all (universal) community/Organisational/Educational and public groups to raise awareness, promote self-help and resilience building strategies, reduce stigma and encourage sharing of best practice. Building robust partnerships with local digital industry and social enterprise we can design and pilot innovative solutions to support mental health resilience building and well-being.
Working with Technology to enhance Communication and Interventions
Identify selected populations in Birmingham and Solihull to establish Proof of concept/demonstrator sites.
Prevention Demonstrator Sites

Integrated, comprehensive and technologically enhanced whole system programme

High incidence, defined geographical area

Outcomes (testing concept of an integrated, combinatorial approach)

Transformation Plan Activities;
Identify gaps and implement activities where these exist

Evaluation
Delivery and spread

The feasibility study will build the case for a demonstrator site/sites
- Scale
- Cost inclusive of identification of funding resources
- Success/Evaluation measures

The goal of the demonstrator site/sites is to provide evidence for the enhanced benefits/effectiveness of delivering prevention activities in an integrated community model

The ultimate aim is to deliver a strong business case for:
- a sustainable, affordable, long-term service model
- a commissioned service that can be scaled regionally
Process of Flow

1. Prevention Strategy
   - Identity Evidence

2. Feasibility Study
   - Determine scope

3. Proof Solution
   - Prove Return on Investment

4. Locally Commissioned Service
   - Based on Proof of Solution

5. Wider Adoption
   - Regional Spread
In summary

- The evidence is clear
- All must have access to evidence-based Interventions
- Getting it right first time proposes setting up Proof of concept sites to demonstrate the value integrated technologically enhanced whole system approach in diverse communities
- Our ultimate plan is to identify a system-wide approach that’s commissioned as a mainstream service; the demonstrator and feasibility study are means to that end, not the end point.
Simplify structures and improve access: by dismantling artificial barriers between services by making sure that those bodies that plan and pay for services work together, and ensuring that children and young people have easy access to the right support from the right service.

Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable.
Panel Discussion
Adoption and Spread Impact
Overcoming inertia in the NHS to adoption of technology enabled care services

Professor Ruth Chambers OBE, Clinical Lead for WMAHSN Long Term Conditions (LTC) Network
LTC Network: new ways of delivery of care

- Care Providers – all settings
- Industry
- Academic/education
- Public
- Commissioners: applying intelligence
- Shared care records
The Local Digital Roadmap (LDR) Challenge

Delivering Sustainability & Transformation Partnership (STP) priorities:
- Demonstrating dependency on data, information and technology
- Return on investment - mapping investment in technology to measurable benefits: health, finance

Establishing real partnerships:
- Between NHS organisations
- Between health sectors
- Between NHS & other public sector bodies
- With patients, carers and the 3rd sector
- Industry (including large corporates and SMEs)
Emerging LDR Themes

Infrastructure
- Connectivity & bandwidth
- Kit
  - Desktops (Windows XP!)
  - Mobile devices

Rolling out national systems
- SCR
- ePS
- e-Referrals

Information sharing
- Interoperability & interfaces
- Information Governance

User focus - TECS
- Not just professionals!
  - Patients & carers

Making sense of data
- Analysis & visualisation
Technology enabled care underpinning the STP - the future

Patient populations

Technology enabled care underpinning service re-design

Outcomes

• Improved clinical outcomes
• Quality/savings targets attained
• Wealth creation e.g. patients stay in work
• Upskilled patients & workforce
• Patients stay independent

NHS/social care Cluster

NHS/social care Cluster

NHS/social care Cluster
Collaboration around a defined LTC priority – new ways of delivery of care (eg skype consultations)
Skype & remote care – V-Doc
## DUAL MANAGEMENT PLAN FOR BLOOD PRESSURE CONTROL

### BLOOD PRESSURE READINGS taken by patient at home

<table>
<thead>
<tr>
<th>Blood Pressure Status</th>
<th>Recommended Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your blood pressure is under control when the top (systolic) measurement is less than 135mmHg and the bottom (diastolic) measurement is less than 85mmHg.</td>
<td>Follow a healthy lifestyle. Take plenty of exercise – half an hour walking each day. If you can. Eat sensibly – 5 portions of fruit and vegetables every day, and cut down on fat, sugar and salt. Keep your weight down, and aim for a body mass index of less than 25. If you smoke, stop now.</td>
</tr>
<tr>
<td>Sometimes your blood pressure may be raised, and your reading may be as high as 175/105mmHg. Although this is a high reading, it might settle without any further change to your medication if this is an unusual reading.</td>
<td>Keep taking the tablets every day as your doctor has prescribed. Think if there is anything which has made your blood pressure worse, and if you can identify it, take action to alter what has taken place. Were you angry or stressed? If your blood pressure remains as high as 175/105mmHg, make an appointment with your GP or practice nurse in the next few days. If it is only just above 135/85mmHg, wait and see if it settles and go for your next usual blood pressure review.</td>
</tr>
<tr>
<td>If your BP reading rises further: above 175/105mmHg (that is above either 175mmHg and / or 105mmHg).</td>
<td>Stay calm, and continue with your present tablets. try some relaxation techniques. Just sitting still and thinking about your breathing can help to calm you down. Or think about a relaxing holiday you've had in the past. If you repeat your blood pressure reading an hour later, and it's still as high, make an appointment to see your doctor or practice nurse within the next couple of days. If it is just above 175/105mmHg. If your blood pressure reaches 200/105mmHg or even higher, this is very high, and you should contact a doctor urgently today. Phone the surgery or, if it’s at night or the weekend, phone the Out of Hours / 111 service who can agree with you when you should be reviewed.</td>
</tr>
<tr>
<td>Very high blood pressure could trigger a stroke, so it’s important for a doctor to adjust your tablets as soon as possible to lower your blood pressure.</td>
<td></td>
</tr>
</tbody>
</table>

---

**NOTE:** This plan is a general guide and should be used in conjunction with professional medical advice.
Map focus of evaluation to technology enabled service aims and stakeholder priorities

Clinicians
I’m stressed...will this ease my workload?

PATIENTS
Is this going to be easy to use? Will it help?

Commissioners
Is this more for less?
Wider dissemination

Case studies

Academic literature

Conference posters, presentations or workshops

Education events or activities
Improving the care of patients with low back pain

Kay Stevenson, Keele University
Improving the care of patients with low back pain; stratified care our successes to date

Mrs Kay Stevenson
Consultant Physiotherapist/ Senior Knowledge Mobilisation Fellow

On behalf of the Impact Accelerator Unit, Keele University
It’s the Keele difference.
Our challenges and solutions

- Clinical engagement
  - Clinical champions

- Access to training
  - Developing innovative training opportunities
The future

- Continue global roll out
- Working with Physicians/researchers in USA
- Develop ‘explain pain platform’
- Greater patient and public involvement
- Creative training opportunities
- Explore use of STarT Back in the workplace
Acknowledgements:

This presentation presents independent research funded by Arthritis Research UK (grant reference: 17741). KS was funded by a National Institute for Health Research (NIHR) Knowledge Mobilisation fellowship (grant reference: KMF-2012-01-35)

This paper presents implementation activities undertaken as part of:
- i) the West Midlands Academic Health Science Network
- ii) the National Institute for Health Research (NIHR) Collaborations for Leadership in Applied Health Research and Care West Midlands.

The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

We would like to thank the many contributors to both the research studies and implementation activities including: the Research Users’ Group, the clinical research network, nursing, health informatics and administrative staff at the Arthritis Research UK Primary Care Centre, the participating general practices, physiotherapists, GP facilitators, North Staffordshire CCG, members of the Primary Care Research Consortium.
Evaluation in the age of innovation

Fraser Battye, Midlands and Lancashire CSU
Five minutes on innovation, evaluation and the edge of chaos

Fraser Battye
Evaluation of anything public policy related usually focuses on:

- **Problems / opportunities**
  - Why intervene?

- **Intervention design**
  - What are you doing?

- **Implementation**
  - How is it going?

- **Effectiveness**
  - Does it make the intended difference?
This approach is especially suited to situations based on a model of gradual progress, where:

- Problems / opportunities are identified and studied
- Interventions are designed, tested and found to be effective
- Interventions are rolled out / scaled up

But this takes time – and isn’t always suited to evaluating innovation, which...
...is often found at the 'edge of chaos'
The speed of innovation can also outpace evaluation questions

**Evaluation question:**
Are pedometers effective?

**Answer:**
What’s a pedometer?
This most likely means a change in focus and mode for evaluation

Problems / opportunities
Why intervene?

Implementation
How is it going?

Intervention design
What are you doing?

Effectiveness
Does it make the intended difference?

Hands-on, rapid, full of feedback (see sweet spots)

Less focused on effectiveness and more on design / implementation and innovation

Never expecting an end-point or roll out
Many thanks for listening

fraser.battye@nhs.net
07736 471057

The Strategy Unit exists to improve health outcomes. We do this by applying critical thinking and structured analysis: helping the NHS to make better decisions, improve services and outcomes for patients.
Economic Impact
The growth of Evolyst Ltd as a national supplier of eHealth and mHealth technologies

Chris Golby, Evolyst Ltd
History

• Formed in 2012

• Aim to use expertise in health tech and research to create evidence-based technologies

• Products which are great looking, easy-to-use, with the ability to commercialise
What we do

• Award-Winning, Evidence-Based Health App Developers

• Work with Healthcare Providers, Academia & the Private Sector to produce innovative Health & Care apps.

• digital health, eHealth and mHealth

• Software development, graphic design, Agile project management
Health Heroes

Innovate UK Grant: Quantified Self Evidence-based app aimed at helping families manage their portion sizes.

Working with:
• Jamie Oliver Group
• Public Health Warwickshire
• Coventry University

Experts From:
• Health Psychology
• User Centred Design (UCD)
• Gamification
SlowMo

Digital therapy platform for paranoia

Self-management tool to manage upsetting thoughts.
Future plans

• Aim to collaborate on new projects

• Aim to become more involved at early research stage

• In-House R&D strategy

• Generate joint IP
SME Innovation Fund

Ash Patel, Mercia Technologies
Dr Ash Patel – Investment Manager
West Midlands SME Innovation Fund
Mercia Technologies is a leading player in the creation, funding and development of high growth technology businesses throughout the UK
The West Midlands AHSN SME Innovation Fund is a collaborative effort between Mercia and the West Midlands AHSN

• £500,000 fund made available
• 10 investments (£50,000 each)
• Founder friendly terms with support from investors
• Will convert to equity allowing the AHSN to own shares in vibrant regional healthcare businesses
Aims:

• Promote & support healthcare related business in the region, including job/wealth creation
• Actively aid companies dealing with critical problems within healthcare & the NHS
• Nurture companies ahead of larger fund raising
• Spread the adoption of scalable innovations via fast-growing companies
Smart people from the region approaching an important problem with a sensible plan

- Subject matter expertise of the product or market
- Prudent financial plan
- Regionally-based (or prepared to move to Birmingham)
- Likely to be able to raise follow-on money
The Response:

• 24 applications made

• 10 companies selected for investment

• £500,000 successfully invested

• All participants receiving constructive feedback from the Mercia Fund Management team
What did we invest in?

- Modified Reality glasses for the visually impaired
- Smart communication tools for clinicians
- Genetics testing services
- Fitness classes aimed at the over 60s
- Chat-bot wellness services
- Healthcare education technologies
- Concierge healthcare services
- Healthcare HR platforms
- Asset tracking technologies
What did we invest in?
What have been the outcomes so far?

- £500,000 invested by the SME Innovation Fund
- £150,000 of private investment has followed
- Job creation in the region
- Solutions being rolled out to patients, with some companies now looking at national and international expansion.
THANK YOU

www.merciatechnologies.com

Ashish Patel
Ashish.patel@merciatech.co.uk
07983648560
The Serendip® incubator and demand-led innovation in digital health

Cliff Dennett, Innovation Birmingham
“As a startup CEO I slept like a baby. I woke up every two hours and cried.”

Ben Horowitz
Innovation

The creation of new products or services that have a sustainable market opportunity.
3 incubators in the UK’s largest campus dedicated to digital businesses.

www.innovationbham.com
Nurturing digital brilliance

Cliff Dennett: clifd@innovationbham.com, @clifdennett
Panel Discussion
Plans for next (this) financial year

Tony Davis, WMAHSN
Our Mission

Stays the Same

We drive co-operation and collaboration between health and care organisations, academia, business and citizens to accelerate adoption of proven innovation to improve the region’s health and wealth and we champion and encourage a vibrant West Midlands life sciences ecosystem to create opportunities and attract inward investment.
WMAHSN remains alive to emerging policy and initiatives and has continually developed its structures and processes to ensure alignment with:

- The Five Year Forward View (and further direction that has followed)
- The establishment of new entities such as NHS Improvement (NHSI), Patient Safety Collaboratives (PSC), STPs, Local Digital Roadmaps (LDRs), and New Models of Care Vanguards
- Restructuring of Health Education England (HEE) and its transformation theme
- The Accelerated Access Review (AAR) and the Government’s Green Paper on “Building Our Industrial Strategy”
- The devolution agenda, including the Midlands Engine and the establishment of a West Midlands Combined Authority (WMCA).
The priorities for the WMAHSN were determined through extensive, initial stakeholder engagement. These have evolved into ones that resonate with many elements of ‘Next Steps in the NHS Five Year Forward View’.

For 201/18 the priority areas are:
- Wellness and prevention of illness
- Long term conditions; a whole system, person-centred approach
- Mental health; recovery, crisis and prevention
- Advanced diagnostics, genomics and personalised medicine
- Patient safety and quality improvement
Our Approach

During 2017/18, our approach will be centred on the 5 established WMAHSN priorities listed above, with emphasis on:

- **Outcomes** - health and economic benefits resulting from the adoption of innovation

- **Support for members and partner organisations** being achieved at regional, supra-regional, national and international levels

- **Standard WMAHSN Membership** – affording access to:
  - Patient safety and quality improvement services
  - Networks and Collaboratives
  - WMAHSN Programmes
  - The WMAHSN Meridian Innovation Exchange

- **WMAHSN Premium Membership** – incorporating all the above membership offers plus support from:
  - The Premium Innovation and Adoption service
  - The Premium Digital Health and Data service
  - The Premium Personalised Medicine (genomics) services
  - Access to Premium Facilities of the Meridian Innovation Exchange
Support from regional to international level

Whilst executing its Mission and delivering the outcomes, WMAHSN will operate for the benefit of its members from the regional through to international level.

WMAHSN REGIONAL SUPPORT
At a West Midlands level, through the three WMAHSN MICs, we offer targeted support and engagement for all of the region’s STPs,

We will create specific task and finish groups to create programmes that can address challenges in STP plans within MIC footprints. This will be helped by reference to our in-house STP Data Packs, developed during the last year by the WMAHSN’s Long Term Conditions (LTC) Network, and which complement ‘RightCare’ data.

We also plan to develop new Test Bed proposals for this financial year and continue to support our existing Test Bed with the adoption and spread of innovation arising from its important work.

WMAHSN will continue to engage at a health and economic level with the WMCA and the regional LEPs, in particular assisting on agendas covering skills, mental health and life science innovation.

In 2017/18 we will build on our work with stakeholder networks with joint initiatives being developed with the local Clinical Networks and Senate, HEE, the West Midlands Clinical Research Network, the local CLAHRC and with Public Health Birmingham (with whom we are creating a joint post to work on self-care and prevention).
Support from regional to international level

Whilst executing its Mission and delivering the outcomes, WMAHSN will operate for the benefit of its members from the regional through to international level.

WMAHSN SUPRA-REGIONAL SUPPORT

At a supra-regional level, on behalf of its members, the West Midlands AHSN will continue to develop closer ties and joint initiatives across two of its borders – with AHSN sister networks in the East of England and East Midlands as part of the Midlands & East AHSN Alliance; and through close working and collaboration with Oxford AHSN on a range of topics including diagnostics, digital health, sustainability and innovation support to SMEs. Working with our colleagues in academia and industry we will explore the opportunities for additional investment in health care and life sciences as a sector through the Government backed “Midlands Engine” initiative, where we and other AHSNs feel that there are opportunities to increase activity and investment, particularly in translational medicine, accelerated access to technology, trauma medicine and rehabilitation.

WMAHSN NATIONAL SUPPORT

At a National level the WMAHSN works on behalf of its members and we plan for 2017/18 to continue to work with the other fourteen AHSNs on further developing and promoting national approaches and initiatives, such as the NIA, the Innovation and Technology Tariff, the SBRI pre-procurement programme, and the AAR for medical devices, diagnostics, pharmaceuticals and digital health. We will also continue to support national programmes on AF, diabetes and medicines optimisation and be prepared to look at newer initiatives such as innovative, beneficial use of ‘biosimilars’.

WMAHSN INTERNATIONAL SUPPORT

The WMAHSN will continue to explore opportunities that international markets offer to our regional stakeholders. Trade missions and international partnership opportunities will continue to bring value to our members through developing new export routes and revenue streams.
"If you want to go fast, go alone; if you want to go far, go together"
Celebration of Innovation Event 20.07.17