

Pro forma for potential Test Bed sites

1 Background	
1a	<p>Please confirm the lead organisation for your submission and provide a named contact, including their email and phone number</p> <p>Julie Hart, Strategy & Commercial Manager Oxford Academic Health Science Network Magdalen Centre North 1 Robert Robinson Avenue Oxford Science Park OX4 4GA julie.hart@oxfordahsn.org T: 07766 775553</p> <p>Kathy Wallis, Senior Project Manager Wessex Academic Health Science Network Innovation Centre Southampton Science Park 2 Venture Road Chilworth Hampshire SO16 7NP kathy.wallis@wessexahsn.net T: 07990 002108</p>
1b	<p>Please list all the partners involved, indicating where organisations are formal partners or affiliated members. Please describe how well engaged your partners are and how you plan to work together to develop a test bed.</p> <p>Formal Partners: Across the AHSN regions, the formal partners consist of 20 NHS Provider Trusts, 22 Clinical Commissioning Groups (CCGs) and 14 Universities. Clinical Commissioning Groups <ul style="list-style-type: none"> • Aylesbury Vale CCG • Bedfordshire CCG • Bracknell and Ascot CCG • Chiltern Clinical CCG • Dorset CCG • Fareham and Gosport CCG • Isle of Wight CCG • Milton Keynes Clinical CCG </p>

- Newbury and District CCG
- North and West Reading CCG
- North East Hampshire and Farnham CCG
- North Hampshire CCG
- Oxfordshire CCG
- Portsmouth CCG
- Slough CCG
- Southampton City CCG
- South Eastern Hampshire CCG
- South Reading CCG
- West Hampshire CCG
- Wiltshire CCG
- Wokingham CCG
- Windsor, Ascot and Maidenhead CCG

NHS Provider Trusts

- Bedford Hospital NHS Trust
- Berkshire Healthcare NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- Central and North West London NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust
- Dorset Healthcare University NHS Foundation Trust
- Hampshire Hospitals NHS Foundation Trust
- Isle of Wight NHS Trust
- Milton Keynes Hospital NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Trust
- Poole Hospital NHS Foundation Trust
- Portsmouth Hospitals NHS Trust
- Royal Berkshire NHS Foundation Trust
- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Salisbury NHS Foundation Trust
- Solent NHS Trust
- South Central Ambulance Service NHS Foundation Trust
- Southern Health NHS Foundation Trust

Universities

- Bournemouth University
- Buckinghamshire New University
- Cranfield University
- Open University
- Oxford Brookes University
- Southampton Solent University
- University Hospital Southampton NHS Foundation Trust
- University of Bedfordshire
- University of Buckingham
- University of Oxford
- University of Portsmouth
- University of Reading

	<ul style="list-style-type: none"> • University of Southampton • University of West London • University of Winchester <p>Affiliated Members:</p> <ul style="list-style-type: none"> • Health Education Thames Valley • Health Education Wessex • Thames Valley Strategic Clinical Network (SCN) • Wessex Strategic Clinical Network • Thames Valley and Wessex Leadership Academy <p>There are also a number of affiliated members from local councils, voluntary sector and charitable organisations who will work with the test bed sites as appropriate.</p> <p>Partners Well Engaged: Working collaboratively at strategic, implementation and clinical level, the AHSNs have a robust and well-defined programme structure with both strategic and operational groups that include key individuals representing clinical, geographical, executive, managerial and patient views.</p> <p>Working Together: The AHSN management teams will support lead organisations establish implementation teams for each of the four clinical challenges. We will develop the clinical challenges and opportunities for combinatorial innovation; review the potential innovators; work with the chosen innovators to develop solutions and value propositions for each challenge; and establish local implementation plans for testing and evaluation. We will scale implementation across the wider geography for those innovations that have positive evaluation.</p> <p>Robust Governance and Steering Group in Place: This joint bid from Oxford and Wessex AHSNs builds upon strong existing partnership working between individuals and organisations already in place across the combined geography, and the good developing working relationships between the two AHSNs. See section 3a for more detail.</p> <p>Strong Leadership: We can demonstrate a strong leadership ethic, which flows through the AHSN programmes, evidenced by individual and team awards and international recognition. As well as utilising local expertise we will draw on external advisers who are national leaders in the field to maintain quality standards and ‘nurture’ the talent within the programmes. Strong clinical leadership is at the heart of our programmes and will be further developed in the test bed.</p>
1c	Please confirm if you are working with your local AHSN, if so who is the lead contact you are working with
	<p>Julie Hart, Strategy & Commercial Manager Oxford Academic Health Science Network</p> <p>Kathy Wallis, Senior Project Manager Wessex Academic Health Science Network</p>

2 Tackling real world health and social care problems	
2a	<p>Please describe your test bed, how the members will work together, what resources are available to innovators and what sorts of innovation your locality might benefit from [500 words max]</p>
	<p>Keeping people well and out of hospital using digital, diagnostics and precision medicine innovation</p> <p>This test bed will draw on a wealth of experience in Big Data and clinical leadership to apply combinatorial innovation to four clinical challenges initially, to improve patient outcomes, experience and safety but also bring value for money to the local NHS (in alignment with NHS Right Care and Commissioning for Value). We will evaluate innovation against these criteria, utilising Big Data and population health modelling where applicable, to optimise uptake of new technology and service improvement.</p> <ol style="list-style-type: none"> 1. Improving health and social outcomes for patients with Long Term Conditions (LTCs) and reducing the number of people at risk of developing LTCs using innovative psychological therapies and digital technologies 2. Reducing childhood admissions through the use of innovative diagnostic technologies and a risk-stratified safety netting strategy for the management of acutely ill children 3. Reduce hospital admissions and improve quality of life in people with respiratory disease, using precision medicine, diagnostic and digital innovation 4. Applying innovation across the stroke care pathway to reduce mortality, disability and improve Quality of Life, and increase the amount of time patients spend at home after experiencing a stroke <p>Sections 3a, 3b refer to how our test bed members will work together and the range of resources available to innovators</p> <p><u>1. Improving health and social outcomes for patients with Long Term Conditions (LTCs) and reducing the number of people at risk of developing LTCs using innovative psychological therapies and digital technologies</u></p> <p>The innovations that might be applied across the pathway include:</p> <ul style="list-style-type: none"> • Real time information sharing to enable all partners, including patients, to have immediate access to their own results and plans • Digital solutions including evidence informed ‘Apps’ that support wellbeing but also provide useful feedback to support commissioning of future provision • Digital health solutions to support self-care and wider monitoring for carers and clinicians • Wellbeing Coaches who can support large numbers of people making healthy lifestyle choices

We will use a novel primary care based service model to support implementation of innovations that will change the way general practice responds to patients who have, or who are at risk, of developing long-term physical and mental health conditions, including diabetes and hypertension. Digital solutions and communication plans will be used with easy access to lifestyle advice and support with assistance for those who require it. It relies on existing and new workforces proactively working together to offer a wellbeing service and to provide a whole system programme to increase self-management. We will use new innovation and bring Public Health, Social Care programmes and Psychological Wellbeing services together in primary care to better support patients and primary care practitioners. It will proactively encourage patients to understand the impact of lifestyle choices on both their mental and physical health to either reduce the risk of developing long term health conditions (to stay well) and/or to limit the impact of an existing long term health condition/s (to live well with their condition).

2. Reducing childhood admissions through the use of innovative diagnostic technologies and a risk-stratified safety netting strategy for the management of acutely ill children

The innovations that might be applied across the pathway include:

- Vital signs measurements using non-invasive technology (such as heart and breathing rate monitors using patch technology)
- Point-of-care testing of inflammatory markers (such as C-reactive protein (CRP), procalcitonin and white blood cell counts)
- Urine markers and oxygen saturation tests
- Parental knowledge improved by providing information describing normal illness trajectories and alarm symptoms with follow-up, web-based or by phone

Acute illness is one of the most common reasons for children to consult primary care. Childhood illness also has a major impact on hospital-based care: there is a steady increase in the number of children presenting to the Emergency Department (ED) and those admitted to hospital. This increasing pressure on hospital services may be caused by the difficulty of identifying children with a serious infection (e.g. sepsis) in primary care, especially in the early stages of the disease. For example, up to 50% of children with meningitis are not recognised at first presentation. The proposed new service will accept immediate referrals from all NHS access points and offer a standardised clinical assessment by trained primary care clinicians, with point-of-care diagnostic technology and a risk-stratified safety netting strategy. Diagnostic innovation will be used to support the development of care pathways that avoid unnecessary admission to hospital and to provide support and advice to allow children to be cared for in the community, or close to home, and reducing unnecessary interventions.

3. Reduce hospital admissions and improve quality of life in people with respiratory disease, using precision medicine, diagnostic and digital innovation.

The innovations that might be applied across the pathway include:

- Screening tools including using early disease markers to help identification of disease or people at risk of disease

- Near patient testing, e.g. forced exhaled nitric oxide in breath testing to help diagnose asthma in adults and children when diagnosis is unclear
- Innovations to stratify patients for the appropriate treatment regime (precision medicine)
- Technologies that offer solutions for better medicine adherence
- Risk profiling tools
- Self-monitoring apps and tools e.g. early identification of exacerbation, mental health support
- Tools to support independent and healthy living e.g. CBT, smoking cessation tools, physical activity

We will develop a multidimensional model for asthma and chronic obstructive pulmonary disease (COPD) considering the patient journey from prevention, early screening and diagnosis, through management and exacerbations to death, including mental health aspects. This model will be patient centric focusing on primary care and self-monitoring as well as using innovation to bring individualised care to the patient. We will build on the successful MISSION project in Wessex bringing a novel patient-centred asthma service model identifying patients with poorly controlled asthma within primary care, and use this model to support evaluation and implementation of multiple innovations. The model will consider the integration of specialist services into the community setting for those with potential severe asthma, ensuring timely and comprehensive review by the multi-disciplinary specialist asthma team.

4. Applying innovation across the stroke care pathway to reduce mortality, disability and improve Quality of Life and increase the amount of time patients spend at home after experiencing a stroke

The innovations that might be applied across the pathway include:

- Telehealth support hypertension management
- Identification of stroke in the pre-hospital setting (IVD ischaemia)
- Diagnosis of paroxysmal AF following minor stroke/TIA
- Telemedicine between paramedics and stroke specialists
- Stroke thrombectomy
- Automated CT interpretation
- Robotic therapy for stroke rehabilitation

We will apply multiple innovations across the stroke pathway to improve outcomes (fewer strokes, lower mortality, less disability) and reduce costs to the health and social care systems that provide long-term support to stroke survivors. AHSN Partners will work together through the Stroke SCNs with support of the AHSN teams to support adoption and evaluation of innovations across the stroke pathway. The test bed is supported by local clinical researchers and innovators who have driven improvements in stroke care locally and nationally e.g. self management of hypertension, detection of paroxysmal AF after stroke, development of FAST test and rapid ambulance protocols for stroke, rapid management of TIA, introduction of IV thrombolysis in England, automated reading of CT scans, and assessment and treatment of cognition and mood problems after stroke.

2b	<p>Please describe the real world health and social care problem(s) that you are looking to address within your test bed (<i>note: this will be used to help match you with relevant innovators, so please provide enough information for them to understand the problem, or problems, you want their help with</i>) [500 words max]</p>
	<p>On a national level, Long Term Conditions (LTCs) consume 70% of the health service budget and account for at least 50 % of all GP appointments, 64% of outpatient appointments and 70 % of all inpatient bed days (DH 2012). Cases of multi-morbidities are growing quickly, applying further pressure on the provision of healthcare, due to the increasing age of the population. LTCs, e.g. diabetes and hypertension, have to be managed with drugs and other treatment whilst offering no cure. This higher healthcare usage is in part due to the fact that those with LTCs are two to three times more likely to experience mental health problems. This impacts on quality of life, reduces the motivation and energy needed for self-management and leads to poorer adherence to treatment plans. Greater self-management and supported lifestyle changes are strongly recommended in the NHS Five Year Forward View (NHSE 2014) to reduce the rising burden of avoidable illness and prevention of onward health service utilisation. The Kings Fund (Oct 13) are also clear that improving care for people with LTCs must involve a shift away from a reactive, disease-focused, fragmented model of care towards one that is more proactive, holistic and preventative, in which people with LTCs are encouraged to play a central role in managing their own care. Evidence based guidelines set out by NICE also recommend the use of psychological interventions such as cognitive behavioural therapy in helping people to improve symptoms of their LTCs and greater self-management. Innovations in digital health are required to support effective self-management.</p> <p>Febrile illness accounts for 20% of all visits to paediatric EDs and 30-40% of all NHS Direct/111 calls are for children. Children account for approximately 1 million of the patient population across the combined geographies. In 2013-2014, 38% of the 18.4 million paediatric ED attendances across England were discharged without needing any follow-up. There has been a steady rise in unplanned hospital admissions of children by 15-22% over the past decade, particularly for short stay unplanned admissions. The admission rate for fever/sepsis in 2013-2014 was in the region of 6000 children across the combined geographies, two thirds were admitted for less than one day. This increases financial pressures on the NHS and leads to failure to meet elective performance targets through pressure on beds. This problem will not be solved without service redesign facilitated by innovative diagnostic technologies. Combinatorial innovation offers the opportunity to move most assessments back to Primary Care and keep children out of hospital.</p> <p>Asthma and COPD are common LTCs with 400,000 people across the Wessex and Oxford AHSN populations diagnosed with asthma or COPD. More reactive patient focused care will deliver an earlier diagnosis and a reduction in the progression of the disease, resulting in reduced costs and improved patient wellbeing. We have known for some time that people with severe mental health problems are dying 15-20 years earlier than other citizens and according to the Mental Health Network (NHS Confederation 2014) people with mental illness are almost four times more likely to die from respiratory disease. The main cause of COPD is smoking and we know that in Wessex 38% of people with severe mental illness smoke compared with just 15% of the general population of Wessex. We also know that current 'stop smoking' interventions are not as successful in this group.</p> <p>Stroke remains a major cause of mortality and disability leading to over 1000 deaths / year across the test bed, and new significant disability in over 3000 people each year. Stroke is</p>

	<p>associated with high costs to families, health and social care systems. Prevention of stroke, and treatment of acute ischaemic stroke with thrombolysis are some of the few innovations that NICE have found to be ‘dominant’ i.e. investing in these interventions saves money for the NHS indicating that effective treatments for stroke are highly cost effective. [663]</p> <p>Please also refer to section 2a for further detail on the 4 clinical challenges.</p>
3	Satisfying the minimum criteria
3a	<p>Please demonstrate that your site has effective leadership, with strong relationships between the participating bodies, and indicate how the test bed will be managed and where governance and alliance management systems are already in place [300 words max]</p> <p>There are already strong AHSN governance arrangements in place.</p> <p>The proposed Oxford and Wessex test bed site has a joint steering group comprising of:</p> <ul style="list-style-type: none"> • CEO of Oxford AHSN • CEO of Wessex AHSN • Chief Executive of Oxfordshire CCG • Accountable Officer of South Eastern Hampshire CCG and Fareham and Gosport CCG • CEO of Portsmouth Hospitals NHS Trust • CEO of Berkshire Healthcare NHS Foundation Trust <p>The role of this group is initially to shape the overall model and proposal, agree clinical challenges to be included, and champion the programme with the organisations they represent. As the programme progresses their role will change to ensure a co-ordinated approach across the whole region, support the work required by the local lead sites for the implementation of the proposed solutions, support and review the evaluation of the solutions, and to encourage the spread of the innovative solutions to further sites across the region. At this stage of work, the membership of the steering group will be expanded to include membership from each of the lead sites. The steering group will:</p> <ul style="list-style-type: none"> • Shape the NHS England test bed programme proposal for the Oxford and Wessex regions • Agree the test bed model and programme of work to be undertaken by the AHSN lead sites for each of the four clinical challenges • Support the lead sites in developing the four programmes and clinical leadership for each programme • Advise the lead sites on current contextual policy and practices issues • Ensure effective communication between the organisations they represent • Monitor the progress of developing the test bed proposal • Provide an external challenge acting as a ‘critical friend’ on the test bed proposal • Act as ambassadors for the test bed proposal and promote to external audiences • Ensure transition to implementation is seamless and governance and evaluation arrangements are effective <p>The existing AHSN governance structures will be used for primary accountability and to support the communication and decision-making requirements for the test bed programme with the wider membership and organisations.</p> <p>Test bed programme working groups for the lead sites will be implemented across the four</p>

	clinical challenges. These local steering groups will consider the approach and practicalities of applying the innovations across the different organisations and sectors included. Clinical leadership for each clinical challenge will draw on our experience in identifying and supporting clinical leaders.
3b	Please describe your site's current ability to share health related data and informatics across all parties and your plans to further develop this in the future [300 words max]
	<p>The aim of combinatorial innovation within the test beds is to examine the dependency on integrated digital platforms and informatics to underpin sustainable service transformation and evaluation. Since their establishment both AHSNs have worked with their provider and commissioner partners to invest in the development of strong informatics capacity and capability across their regions. Good clinical data is patient-centred, right information, in the right place, at the right time. With a wealth of rich clinical data available through established electronic patient records as well as recognised innovation in the field of personal health records and wearable devices, data is currently being routinely used to support new models of care across clinical settings through rigorous service evaluation and research utility. Critical to activating such informatics capability has been a significant focus on enabling information governance arrangements that engage both patients and clinicians in the development of effective agreements for data sharing, facilitating a common and shared approach across partners. The current position for the sharing of health related data and informatics across all parties varies across the Oxford and Wessex AHSN member organisations.</p> <p>In Oxford, AHSN leadership has proven critical to the task of developing informatics services across the region acknowledging the important challenge of engagement. We have established an Oversight Group within the Oxford AHSN. Our aim is to maximise the value of data across our AHSN for the purpose of transparent assessment of health status, measurement of health improvement and research utilisation. The development of Oxford AHSN's informatics strategy represents an ambitious vision for partners, working collaboratively, to maximise the value of data across our region to measure service improvement. This strategy will guide towards effective and secure interoperability and connectedness and will draw direction from the interoperability strategy being developed by NHS England reflecting the high value opportunity of enabling clinical data to securely flow between partners.</p> <p>The Oxfordshire Care Summary (OCS) was commissioned by the former Oxfordshire PCT to meet one of the requirements of the Informatics Strategy Road Map (2010). A Care Summary Record (OCS), commissioned by Oxfordshire CCG, and spanning all key health and social care partners has been created to support coordinated care in the county. The OCS is a health information exchange allowing real time data to be viewed across clinical settings subject to GP and patient consent. Similar initiatives are being explored in Berkshire and Buckinghamshire. Additionally, the Big Data Institute (BDI) at Oxford is focused on obtaining and characterising large datasets to improve understanding of health conditions. It already has access to very detailed information from large patient cohorts, such as UK Biobank, and will ultimately have access to 50 million electronic patient records through the NHS. With its advanced analytical capabilities the BDI will drive forward opportunities to initiate a whole new sector of health informatics, diagnostics and clinical decision support.</p> <p>Within Wessex, the Hampshire Health Record (HHR) covers all patients registered and resident in Hampshire and the Isle of Wight, with approximately 1.9 million patient records,</p>

	<p>20 million documents and inclusion of 85% of GP practices collated over the past 5 years. There are links to key documents from the acute, community and mental health sectors with recent work also including social care documentation. Current plans are to develop the HHR to support the delivery of health and social care in any setting, and facilitate improved clinical decision-making and patient outcomes by providing meaningful, unified information. It will deliver integrated clinical and social health information sourced from a variety of existing clinical and social care information systems thus making the best use of existing IT assets.</p> <p>We can draw upon the opportunities presented by the HHR in the test beds programme. Whilst significant progress has been made in data acquisition, aggregation and applying enriching analytics, actuarial analysis and operational research, the potential exists to make the health care Big Data vision operable at scale in a UK health and care system. In partnership with a global innovator, we could build capability to drive Big Data to support specific clinical challenges.</p> <p>We would envisage Big Data enabling the delivery of much more precise and personalised care. With a more complete, detailed picture of patients and populations, we can determine how a particular patient will respond to a specific treatment, or identify patients at risk before a health issue arises. At a macro level we can use Big Data capability to drive the design, refinement and evaluation of new models of care and care delivery system. The new care model Vanguards across Hampshire and the Isle of Wight with progress made towards primary care at scale and capitation and a population based approach to care planning and management evidences this.</p> <p>The proposed test bed will engage partners and patients, working collaboratively with Patient and Public Involvement, Engagement and Experience (PPIEE), to ensure the widest possibility for design input and consultation.</p>
3c	Please describe the scale of your site – including the population size covered –Please describe how and over what time frame the test bed will reach an appropriate scale which will enable robust evaluation that is statistically significant [300 words max]
	<p>The total population for both AHSN regions is approximately 6 million people with 22 CCGs covering 730 GP practices. With the closeness of the geography and similar clinical and financial challenges across the regions, this gives the perfect opportunity for collaboration. Our approach is to develop solutions to the identified clinical challenges through implementation with expert lead sites, and to maximise the potential of the combinatorial innovations through a structured rollout across the whole test bed. Should this test bed application be successful, we are confident that through our member organisations commitment, clinical leadership, and existing programmes of work we can mobilise within 3 months of designation at suitable scale.</p> <p>By developing a test bed over a large population, we will fully understand the impact of combinatorial innovation in each clinical challenge and facilitate implementation quickly over a larger geography. For example, the combined geography gives us approximately 8,000 stroke related admissions into hospital per annum. There is a combined patient population of approximately 1 million children across Oxford and Wessex AHSN regions and there were approximately 12,000 hospital admissions for gastroenteritis, bronchiolitis, pneumonia, asthma, and fever/sepsis. We estimate we will have a 10% reduction in hospital admissions for these conditions, corresponding to the goal that was set by the Oxfordshire</p>

	<p>in their strategy for the next five years.</p> <p>The use of Big Data and population health modelling will help shape and direct this roll out enabling a targeted approach to maximise the impact of the change.</p>
3d	<p>Please demonstrate that you have a commitment to conducting real world demonstrations of combinatorial innovations in live clinical settings – including evidence that you have buy-in from clinical leaders and front line staff. What mechanisms exist to enable combined innovation across multiple partners? [300 words max]</p>
	<p>Covering a population of 6 million, with well established joint working across the geography based on patient flows, clinical networks, educational and research arrangements, the AHSNs are also engaging with industry globally as well as building on established links.</p> <p>The Oxford AHSN is funding and supporting ten clinical networks, which it has identified as initial priorities for driving improvements in health, including anxiety and depression, children, comorbidity in physical/mental health, diabetes, medicines optimisation and out of hospital care. Within the Wessex AHSN the key quality improvement programmes include: dementia, respiratory, nutrition, reducing harm from alcohol, mental health and medicines optimisation. Both AHSNs work in partnership with the local clinical research network.</p> <p>We focus on tackling key local health issues over individuals' whole life course and across entire patient pathways. We recognise that innovation is not just about the originating idea, but also the whole process of the successful development, implementation and spread of that idea into widespread use. The AHSNs' aims are to facilitate continuous improvement in quality and value of care through innovation and reduction of unwarranted variation to deliver a uniform level of care across our region. Both AHSNs work with innovators and our partners to facilitate innovation adoption. This support is bespoke and dependent upon the requirements of the innovation and adopting organisations.</p> <p>Sustainable healthcare depends on people being actively engaged in maintaining their health, in managing the illnesses that affect them and being involved in designing and delivering healthcare systems. To achieve this we need a well-informed population, professionals that can engage with patients and carers as partners and person-centred healthcare that responds to what patients and the public need and say. This is achieved through Patient and Public Involvement, Engagement and Experience (PPIEE) cross cutting themes.</p> <p>In Oxfordshire, service re-design facilitated by point-of-care diagnostics, is being implemented for the emergency care of elderly patients by establishing four ambulatory "Emergency Multidisciplinary Units" (EMUs), each serving approximately one quarter of the population. Whatever the initial mode by which patients or their carers make contact with the NHS, these units provide an integrated assessment and liaison service. This has allowed 83% of patients to be managed in the community without admission, in other words it provides the gate-keeping function previously done by traditional general practice (Edwards 2014).</p> <p>Wessex AHSN, working with the Cardiovascular SCN, is spreading best practice on stroke prevention bringing together stakeholders to tackle the practical challenges of anticoagulation for Atrial Fibrillation (AF). This combines a programme of education, 24/7 specialist advice for doctors with anticoagulation concerns for individual patients,</p>

	application of e-tools in practices (GRASP-AF) and use of a diagnostic device (WatchBP). This contributed to significant growth in anticoagulant use, including more than doubling the use of NOACs in the year to January 2015.
3e	Please demonstrate that you will be able to move at pace and complete rapid and robust evaluations – including making swift decisions during the development of the test bed to ensure its success [300 words max]
	<p>The governance structures we already utilise for our programmes are effective and allow decisions to be made and followed through. We have demonstrated strategic commitment, programme and project management capability and all partner engagement, which will ensure we can mobilise and manage changes as they arise. Our history of clinical leadership, positive practice, and national and international recognition, is testimony to our ability to pick up emergent feedback and respond by amending our work programmes accordingly. These principles can be demonstrated across the existing AHSN programmes and the strategic clinical network structures.</p> <p>In Wessex there are three Vanguard sites (Southern Hampshire, Isle of Wight, and NE Hampshire and Farnham). The Vanguards offer us the opportunity to utilise the forward thinking new models of care (e.g. federated GP with integrated health and social care), and developing management and information infrastructures. This will enable the application of technical innovations into innovative models of care facilitating the ability to roll out solutions at pace.</p> <p>Through AHSN partnership with local universities, evaluation expertise will be utilised to design and deliver rapid and robust evaluations.</p> <p>The strong leadership from our steering group will provide a mechanism to get swift decisions from our CCGs and support of the adoption of innovation from our Trust providers and GP practices.</p>
4 Dissemination and evidence	
4a	How will you make the results and evaluation of the test beds available to others? Please describe how will results be shared and disseminated. [300 words max]
	<p>Working across Oxford, Thames Valley and Wessex, with the support of the AHSNs we will expand our existing share and spread platform and disseminate through the NHS Confederation and the AHSN Network.</p> <p>We will also use a variety of means to disseminate the findings from this test bed programme:</p> <ul style="list-style-type: none"> • Rapid Learning Events: We have experience of running Rapid Learning Events (RLE) as a way of sharing learning and evaluation across Bucks, Oxon and Berkshire for Live Well and beyond to Hampshire, Isle of Wight; Milton Keynes, Southampton and Portsmouth • Conference presentations: We aim to present our findings at various international, national and local conferences • Websites: We will dedicate website space to this programme in order to inform a wider audience listing all publications, press releases and news • Social media: Several members of the team are active on social media, with large

	<p>followings on Twitter and blogs</p> <ul style="list-style-type: none"> • Feedback to NHS organisations: Several members of the team have links with various NHS organisations, including the NICE Implementation Collaborative (NIC) Board and NIHR CLAHRCs which undertake further research where there are challenges to dissemination of the learning • Press releases and media appearances: Disseminating findings through popular print and TV/radio can be very effective to reach out to large groups of lay audiences • Peer reviewed journals: In line with the general policy on access to the results of publicly funded programmes, we will prioritise journals with an open access policy • Expert Reference and Development Group: We also have access to an established Expert Reference and Development Group (ERDG) that brings commissioners, clinicians and managers from across the regions together quarterly to consider primary care interventions
4b	To the best of your knowledge, has your proposed test bed clinical need been successfully addressed in any other global context? [300 words max]
	<p>We do not believe that all the elements of the challenges and supporting care models have been brought together anywhere. However, individual aspects of the test bed programme have already generated national recognition for their quality (e.g. best recovery rates from depression and anxiety in England). To our knowledge the proposed service re-design for children is a unique proposition.</p> <p>All our clinical challenges are important global problems, which we believe will attract innovations from around the globe. All our challenges could usefully draw on innovations and service models from around the world, which gives us the opportunity to learn from key global players in the US, Europe and Japan keeping people well and out of hospital using digital, diagnostics and precision medicine innovations.</p>