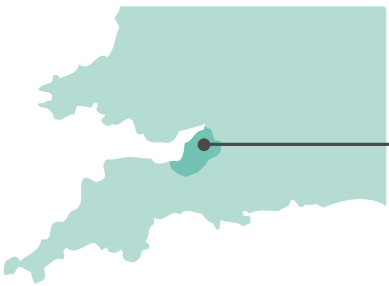
Bristol Health Partners annual review 2013/14

About Bristol Health Partners

Bristol Health Partners is a strategic collaboration between the city's three NHS trusts, three clinical commissioning groups, two universities and its local authority. We aim to maximise Bristol's health research, and to transform the understanding, prevention and treatment of key health problems in Bristol. The nine organisations involved have formed Bristol Health Partners voluntarily, and it is funded by contributions from the partners. Find out more about us at: **www.bristolhealthpartners.org.uk/about-us/**



The partners serve

1,083,000

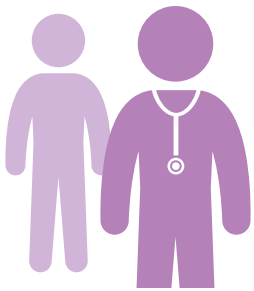
people living in the greater Bristol area

Together the partners have an annual turnover of just under

£2.5bn

Research income for the partner organisations is

£160m



The partner organisations employ

29,000 members of staff

University of BRISTOL

UWE BRISTOL University of the West of England

BRISTOL CITY COUNCIL

NHS

Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Clinical Commissioning Group
North Bristol NHS Trust
North Somerset Clinical Commissioning Group
South Gloucestershire Clinical Commissioning Group
University Hospitals Bristol NHS Foundation Trust

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Welcome

Andrea Young, Chair of Bristol Health Partners

This is the first annual review that Bristol Health Partners has produced, and it comes at a very significant point in the partnership's history. It has recently seen much change at a senior level: I took over as Chair, from Managing Director of the West of England Academic Health Science Network Deborah Evans, in January 2014. And in March 2014 we said a fond farewell to founding Director, and chief architect of the partnership, Professor Peter Mathieson. We have been fortunate to recruit David Relph, Head of Strategy and Business Planning at University Hospitals Bristol NHS Foundation Trust, to take over the reins from Peter. Hear from them both later in this review.

I really see this partnership as developing Bristol's reputation and ability to lead change through collaboration.

The public sector as a whole is under enormous pressure to modernise, innovate and improve services. Bristol Health Partners offers a fantastic vehicle to achieve this. I really see this partnership as developing Bristol's reputation and ability to lead change through collaboration.

The contribution the partnership, and Bristol, makes to wider networks is a vital part of this. Bristol Health Partners, and specifically our Health Integration Teams, were key to the success of the region's bid for the Collaboration for Leadership in Applied Health Research and Care. This is a powerful expression of what the city's health research organisations can achieve together, working with a common purpose and shared goals.

And the Health Integration Teams are a club that more people want to join, with 15 already in full flow and five more in the pipeline. You can find out more about their work in this review.

The partnership, in one guise or another, has been in existence for six years now, and the Board have committed to funding the partnership for a further five. This review gives a flavour of why we took that decision.

What the partnership has achieved

Peter Mathieson, founding Director of the partnership

It has been my privilege to be the founding Director of Bristol Health Partners and it is with some regret that I leave the post at the end of March 2014. It is timely to reflect on the story so far, to make some comments on current status and to speculate about the future.

Bristol is a city with a stunning past (some good: Cabot, Brunel and Concorde; some not so good: slavery, tobacco and alcohol), a vibrant present and a promising future. It is a green city and yet has major modern industries including electronics, nanotechnology, the BBC, Rolls Royce, British Aerospace, Aardman Animations. It has two successful universities, each with major strengths in the healthcare subjects. The surrounding area has places of outstanding natural beauty, stable populations and a well-informed and motivated public. Bristol Health Partners aims to bring to this area a coherent joined-up strategy for research-based health improvement. It is achieving this by promoting joint working between partner organisations, harnessing local strengths and avoiding counter-productive parochial behaviours that could threaten our collective ability to achieve our potential.

The history

In 2007 I was working as Research and Development (R&D) Director for North Bristol NHS Trust and Sonia Mills, then Chief Executive of the Trust, and I agreed that Bristol needed a joined-up R&D strategy. I was blissfully naïve about the past history and the potential difficulties, and Sonia egged me on to think that the time was right to start afresh.

I was helped by two events that took place in the summer of 2008. First, I was appointed as Dean of the Faculty of Medicine & Dentistry at the University of Bristol, a post in which improving the previously fractured working relationships between the two universities in Bristol and the local NHS organisations, and indeed between the health faculties of the two universities themselves, was so integral to our success that the need to join things up became my day job and very high on my personal and professional list of priorities.

The second was the financial crash, creating an environment where it became essential to do things differently. The economic climate required careful strategic thought, analysis of who our real friends were, where our major competition lay and an end to unhelpful parochial behaviours. Sonia and the other NHS Chief Executives at the time, together with the Vice-Chancellors of the two universities, met in September 2008, and this formed the starting point for the project that has now become Bristol Health Partners.

Alphabet soup

The group that we formed was called BRIG-H, the Bristol Research & Innovation Group for Health. Professor Jenny Donovan came up with the term Health Integration Teams (HITs) for our workstreams. The HITs are the most exciting aspect of Bristol Health Partners' current activities, bringing together enthusiastic and capable people that might otherwise have not worked together, or even worse might previously have been in competition with one another, with the shared aims of improving health outcomes, championing patient and public involvement and bridging organisational and professional boundaries. I am very confident that their work will lead to tangible improvements in the health of the population, locally and further afield.

Our successes in the battle to secure major new funding have been spectacular in the last couple of

The economic climate required careful strategic thought, analysis of who our real friends were, where our major competition lay

years: the regional Health Innovation and Education Cluster (HIEC), the Healing Foundation paediatric burns research unit, two National Institute of Health Research (NIHR) Biomedical Research Units (BRUs), Bristol's part in the Academic Health Science Network (AHSN) for the West of England, the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) represent more than just alphabet soup. Bristol is now seen as an example of best practice in university and NHS collaboration and we are envied by other parts of the country, a situation that was inconceivable five years ago.

Evidence of the new environment

We have often heard from new HITs that the very act of pulling together an application has led to conversations and interactions that would not previously have happened: working towards becoming a Bristol Health Partners HIT has been an enabler in itself. This is music to the ears of those of us who think that the Bristol area has plenty of talent and potential but has previously lacked the will or the mechanisms to join it up and pool resources.

We have been successful in every national funding competition in which we have competed in the last few years. Funding motivates researchers not merely because of the prestige that it brings but also because it enables the projects that they spend hours thinking up and writing about to actually get done. There is ample evidence that we are stronger together, that collaborative working brings more success and that in order to compete with the larger and better resourced areas of this country and the wider world, we have to focus on our strengths and unite our efforts.

Changes of personnel must not be allowed to interrupt the momentum

And so, to the future…

The challenge to my successors, helped by the growing number of people involved with the work of Bristol Health Partners and hopefully joined by many more, is to build on this foundation and to take Bristol and the surrounding area onwards and upwards. Changes of personnel must not be allowed to interrupt the momentum: every NHS organisation in the partnership has changed its Chief Executive at least once since 2008, but despite that fact the joint buy-in of the leadership has not been diminished.

So here are the key questions facing Bristol Health Partners today. How far should we extend our geographical patch? In my view, we should be building collaborations with Wales, the Peninsula and (yes, perish the thought!) London. How can we protect the education and training of the healthcare workforce that is, in my opinion, seriously endangered by recent reforms? How do we maintain identity and manage expectations in the face of the arrival of the CLAHRC, the AHSN and other networks? How can we improve the comprehensiveness of our workstreams, or stimulate new ideas and involve new people including those that might feel that such high-level strategy is not for them? And how can we be ambitious and imaginative enough to make the Bristol area the leading location for people who want to work together in health and health-related activities to make things better for us all?

Finally, sincere thanks to the very many people that have contributed to the success story so far. It has been fun, exciting, at times frustrating and challenging, but never dull. Good luck for the next phase.

Timeline

A brief history of Bristol Health Partners

1 September 2008
First meeting of university Vice-Chancellors and NHS Chief Executives to agree joined-up approach

September 2008
Group to look at delivering joined-up approach first forms

January 2009
Group becomes known as Bristol Research & Innovation Group for Health (BRIG-H)

March 2011
BRIG-H open space event on 'The Challenge of Innovation: How can we make things better for health in Bristol?

April 2013
9 organisations involved in the partnership

18 April 2013
Bristol Health Partners official launch at TEDMEDLive Bristol

July 2013
Core team increases to 5

September 2013
Collaboration for Leadership in Applied Health Research and Care (CLAHRC) West awarded £9m funding

24 April 2012
BRIG-H becomes Bristol Health Partners, collaboration agreement signed

March 2011
BRIG-H Bristol Health Innovation Showcase and Award, won by DECIPHer IMPACT

1 May 2012
Peter Mathieson officially appointed as founding Director

July 2012
First Health Integration Teams form (Musculoskeletal and Avoidable Hospital Admissions)

March 2014
Peter Mathieson, founding Director, leaves

March 2014
15 active Health Integration Teams, with 5 in the pipeline

April 2014
David Relph takes over as Director, hear from him overleaf

What the future holds

David Relph, the partnership's new Director

I am delighted and excited to be taking over the role of Director of Bristol Health Partners. I hope to build on the great work that Professor Peter Mathieson and many others have done during the first few years of the partnership. There is a huge amount to celebrate in the work of Bristol Health Partners so far, and a huge amount of opportunity in terms of where the partnership goes next.

Building on our ambition

I aim to pick up the challenges that Peter has laid down, and work with anyone who cares about Bristol and our city region to take forward the mission the partnership has set itself: **to generate significant health gain and improvements in service delivery across our city region by integrating, promoting and developing our strengths in health services, research, innovation and education;** and, as Peter has said, to make the Bristol area the leading location for people who want to work together in health and health-related activities to make things better for us all.

We are building on solid foundations. As Bristol Research and Innovation Group for Health (BRIG-H) developed into Bristol Health Partners we have begun to build the relationships we need to work together for the good of our city region and the people who live here rather than the organisations we are part of. Bristol Health Partners gives us an opportunity to leave our organisational hats at the door, and to allow us to start grappling with the system, and not just the organisational, challenges that we face.

I think we should be deliberately ambitious about this. Our mission is a statement of intent, an agenda for city-level change, for leadership of place and place-shaping. In my mind, Bristol Health Partners is not a technical proposition. It is an opportunity to think, work and act together for the city region and the people who call it home.

As Peter has said, a great deal has been achieved so far. The Health Integration Teams are the most obvious manifestation of this: they are a diverse and inspiring range of initiatives that are at the heart of the partnership. In the months and years to come the challenge for us all is to help them to succeed, building on the work they have done so far and having real impact for the people of our city, and, in many, cases beyond.

Inspiring commitment

Bristol Health Partners is built on very close - and strengthening - relationships that are not mandated, but exist because of the mutual benefit that individuals and organisations can see in collaborating. This makes Bristol Health Partners unusual: much of the collaboration around the health (and other) systems at the moment is underpinned, and in some cases driven, by structures that demand compliance rather than promote commitment.

The partnership has been remarkably effective with a modest input. There is no doubt in my mind that the existence of Bristol Health Partners has led to important and effective work, and has improved our collective reputation, more widely than just in terms of the partner organisations. We can see this very tangibly in, for example, the success of the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) bid. Bristol Health Partners - and the way the different organisations have collaborated - tells a very positive story about our city and region.

What the next phase could look like

So how can we build on this and what could it lead to for the next phase of Bristol Health Partners? The collective resources available to us as members are significant - our combined spend (from services and salaries to supply chains) extends beyond health structures, giving us enormous influence over what life is like in this city. The work done by the partnership and its members shapes people's lives – and it is in these terms that we should be thinking about our impact.

If the partnership is successful, Bristol will be a better place to live and work. Our collective efforts will be coordinated in a way that makes a difference not just to our own organisations, but to the system that we are part of. We should have a sense of where we plug in to the complex of relationships that is Bristol and its region. Who else is involved (often de facto) in shaping this place and how can we work with them? Are we really aware of our role and impact in the city, not only as service providers but also as employers, community hubs, purchasers of supplies and commissioners of locally-sourced services?

There is a growing body of thinking that collaboration at city region – not national – level is the key to tackling the big challenges we face today. We should embrace this and be bold enough to consider and develop research and interventions that affect wellbeing, health and quality of life at

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city-level. Bristol Health Partners is ideally placed to convene and, where necessary, lead this sort of work. In doing so, we can set a standard for the impact that partnerships like ours can have, and which may, in time, shape the health practice of cities around the world.

But what might this mean in practice? How ambitious should we be? There is every possibility, if we put our collective minds to it, that in the next five years Bristol Health Partners could achieve:

- A measurable reduction in the discrepancy in life expectancy between adjacent wards in our city (9.6 years is the current gap between Henleaze and Southmead).
- The development of innovation programmes, either in terms of technology or different and better ways to deliver services, that are world-leading in their boldness and impact.
- The meaningful consideration of health impacts in city-level decision making.
- The promotion of thought leadership, setting the context for debate nationally and internationally.

These are just examples – but they are all feasible and achievable. What will drive this agenda is the way we think about the scope and impact of Bristol Health Partners, and in this context perhaps the only thing that will limit the impact of the partnership is the limit of our collective ambition.

My challenge to the partnership

This is my challenge: a call for us all to be more ambitious and to have the collective confidence to build on the last few years by taking the aspirations we have for the impact of the partnership to the next level.

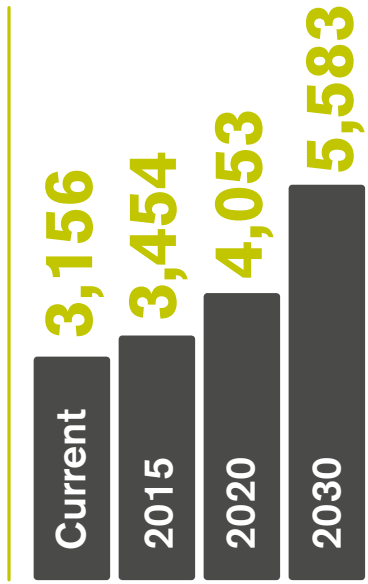
Of course we will retain a focus on health services and the development of the Bristol city region research agenda, and will build on the Health Integration Teams as the main delivery vehicle for the partnership. But we should also see Bristol Health Partners as the means by which we ensure, together, that the impact of all our organisations is coordinated. The way in which, in practice, we bring the health system together in this city.

The partnership is built on the most solid of foundations because it is based on a group of organisations whose leaders are conceptually and emotionally committed to the partnership. The key question is whether we see the partnership as a means to help us all do what we are already doing a little better, or as a force for good in the city region. I think it should be the latter – and that the next five years of the partnership should be about leadership of place, real impact on people's lives, and making the city more healthy.

I plan to use the first few months of my tenure to work out what this will mean in practice. Working with others to shape the partnership's future direction and to set out an ambitious and realistic vision for the impact that we have together, underpinned by a plan that will describe the details. I hope that many of you reading this review will want to contribute to this work and I look forward to hearing what you have to say – and to working together in the months ahead.

Our Health Integration Teams

Health Integration Teams (HITs) are cross-organisational, inter-disciplinary groups of health professionals, academics, patients and the public that look at particular health issues or conditions. The concept is unique to Bristol Health Partners, and the teams are set up by passionate experts in their field, and accredited by our Executive. We now have 15, with others in the pipeline. Here some of our HIT Directors give an update on what they've achieved so far.



Projected figures of people over 65 with dementia in South Gloucestershire

Dementia

Dr Elizabeth Coulthard

The Dementia HIT aims to achieve the best quality of life for people and families living with dementia. In our first 18 months, we have made significant strides towards this goal. We have increased the number of people diagnosed with dementia. In an initiative led by the Clinical Commissioning Groups and GPs, we are endeavouring to speed up the process by assessing patients in general practices when possible, while carefully auditing to ensure high standards are maintained.

There is still a desperate need for research into potential drug therapies, psychological interventions and optimising the social setting for people affected by dementia

With South Gloucestershire Council and the Alzheimer's Society, we've run dementia road shows throughout 2013, with more planned for 2014. These have started to improve care shortly after diagnosis, which is one of the most difficult times for patients and families.

There is still a desperate need for research into potential drug therapies, psychological interventions and optimising the social setting for people affected by dementia. So research is a major focus of the HIT, including a clinical trial in Alzheimer's disease (RADAR, University of Bristol), a Memory Research Register of people interested in taking part in dementia research, and research into the best way to diagnose dementia.

Critical to the success of the HIT is our ongoing collaboration with the public and patients. This has taken many forms across Bristol and South Gloucestershire, including pilot projects of dementia friendly communities, and the Thinking Together group established by the Alzheimer's Society to give a voice to people affected by dementia in the development of research and policy ideas. Public events include lectures by Dementia HIT members. We've also run a baseline survey of attitudes toward dementia in the region. The Dementia HIT celebration event planned for October 2014 will help forge further links between people affected by dementia, the public and professionals, paving the way for future collaborative enterprise across the Dementia HIT.

Child Injury

Dr Julie Mytton

The Child Injury Prevention and Injury Care (CIPIC) HIT considers the prevention, pre-hospital and hospital care, and rehabilitation of children and adolescents sustaining injuries. Over the last year we have been establishing ourselves as a network, including a successful launch event held at the Lifeskills Centre in south Bristol, where local primary school children learn injury prevention skills in simulated settings. We have developed a public and patient involvement strategy and now need to implement this throughout our activities. Two of our topic themes, head injuries and burns and scalds, have blossomed with enthusiastic clinical leads, vision and several grant applications. We are excited about an emerging area of interest, informatics, and the potential to improve service design and commissioning through improved quality, linkage and use of child injury data.

The centralisation of specialist paediatric services across the city in May 2014 will have a major impact on the way trauma care and rehabilitation are delivered in Bristol and the wider area. This major service redesign has proved both a challenge and an opportunity for the HIT; a challenge as clinical leads have had significant additional work demands placed upon them to prepare for the move, but also an opportunity, since colleagues have worked collaboratively to devise care pathways for trauma and the chance to evaluate the impact of the move on patient care. A workshop for rehabilitation therapists facilitated through the HIT mapped the complex pathways of existing provision and helped inform the centralisation process. We are preparing for our first annual public engagement event in September to showcase our achievements and raise awareness of child injury prevention and care.

> **We are excited about an emerging area of interest, informatics, and the potential to improve service design and commissioning**

Musculoskeletal

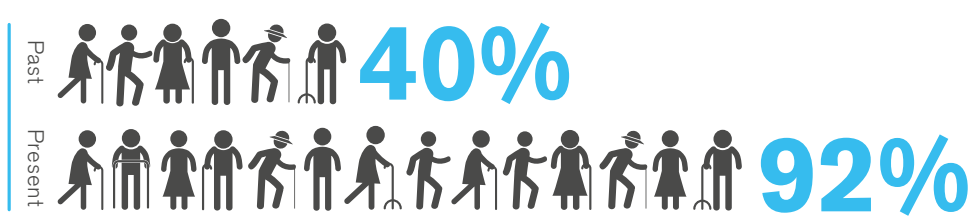
Dr Emma Clark, Professor Ashley Blom and Professor Sarah Hewlett

The Musculoskeletal HIT covers three disease areas: osteoarthritis, osteoporosis and rheumatoid arthritis. Over the last year we have identified three overarching themes: information technology, patient and public involvement and patient self-management.

Analysis of the National Joint Registry undertaken by the University of Bristol has shown that cemented hip replacements have lower failure rates than uncemented hip replacements in the first ten years after surgery, and are likely to last older patients the rest of their lives. Our main achievement in osteoarthritis has been to implement these findings to increase the proportion of older patients receiving cemented hip replacements from 40 to 92% across Bristol. This has resulted in better outcomes for patients and a reduction in costs at North Bristol NHS Trust of £170,000 per year. The West of England Academic Health Science Network (WEAHSN) has chosen to take this project forward on a regional scale.

In rheumatoid arthritis we have implemented standard drug monitoring programmes across the city, and in osteoporosis we have developed patient-based quality indicators for the pan-Bristol bone-densitometry DXA scanning service.

This year we have also focussed on communication across groups and across Bristol. We have held a number of meetings with the AHSN and the first of a series of workshops, each held at a different NHS Trust in the region, is planned for May. We recently ran a very successful second patient forum to decide priorities for musculoskeletal healthcare from the patient perspective. We also held an inaugural meeting for healthcare professionals and patients working to support self-management. We are starting work to engage with commissioners. In the near future we will be appointing a senior musculoskeletal trainee to help develop a 'single point of entry' website for patients, clinicians and researchers across Bristol who want local information about musculoskeletal disease, healthcare pathways or research.



The proportion of older patients receiving cemented hip replacements across Bristol

Respiratory Infections

Professor Alastair Hay

Every winter health care services are overwhelmed by patients with respiratory tract infections (RTIs). Children play a key role in respiratory infection transmission, with enormous cost implications for societies and healthcare systems worldwide. Prescribing rates for antibiotics in primary care settings are high, with considerable uncertainty regarding which patients are most likely to benefit. Higher use of antibiotics in primary care is associated with greater levels of bacterial resistance. This creates a vicious cycle of increasing patient demand, increasing antibiotic use and reducing antibiotic effectiveness. The Respiratory Infections HIT (RuBICoN) aims to reduce the burden of respiratory infections on both the NHS and the community.

We now have an active patient and public involvement (PPI) group that informs our grant applications and provides guidance on the patient information we are producing. We are working with commissioners and health educators so that Bristol-based research evidence informs interventions and helps parents make better decisions about when and where to consult the NHS if their children become ill.

We have led changes to the bronchiectasis HOT clinic at North Bristol Trust, allowing patients to make direct contact with the clinic when they are unwell. This gives more rapid access to specialist care, which we hope will result in faster, more appropriate care and reduce hospital admissions.

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The team has submitted a grant application to the National Institute of Health Research (NIHR) to evaluate the clinical and cost effectiveness of analgesic ear drops as an alternative to antibiotics in acute otitis media, a common respiratory infection of children that can case ear pain. We've also prepared an outline NIHR Programme Grant for Applied Research application to conduct a community based prospective cohort study to investigate the socio-demographic, clinical and microbiological determinants of primary care utilisation for children with RTIs and to develop an intervention to improve parental use of primary care.

We have mapped the educational provision around infection prevention and control within the NHS locally. The next steps are to identify gaps and provide educational sessions to raise the profiles of these issues in the partner organisations. And finally, we have expanded our links with industry partners and are looking, with them, to develop or evaluate near patient microbiological testing. This will facilitate rapid diagnostics in those individuals in which a swift diagnosis can assist in deciding the treatment options.

90%

Up to15 days

Can take up to 15 days for 90% of children to be well with a common cold

Supporting Healthy Inclusive Neighbourhood Environments

Dr Suzanne Audrey and Associate Professor Marcus Grant

The Supporting Healthy Inclusive Neighbourhood Environments (SHINE) HIT is working on several key areas to help ensure that budgets spent on city renewal, renovation and transport align with positive outcomes for people's health and community cohesion. We are involved in several pieces of work funded by Public Health England (PHE) at a national level. Projects include a South West survey led by Adrian Davis on the feasibility of setting-up a responsive evidence service for queries on the planning and health evidence base, and a development management review into the urban food system and spatial planning for Bristol City Council.

Marcus has given evidence at a public planning inspector hearing for Bristol Development Management Policies. Using a health evidence base, and supported by others in the SHINE leadership group, he has argued for and secured an increase in the ratio of cycle spaces to be provided by developers in all new housing in Bristol. Marcus is a keynote speaker for the Academy of Urbanism Congress in May with a presentation called 'This place is killing us'. Marcus is a member of the reference group for PHE's 'Healthy Places, Healthy People' programme.

SHINE will be leading a major conference for European Green Capital year called Cities of Health, on 13-17 October 2015

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Suzanne is currently focussing on the walking environment and is working with the Bristol City Council Walking Festival planning group. She spoke at a twilight talk at the Architecture Centre entitled 'Bristol - walking city' and is contributing to the Architecture Centre Spring Green exhibition which is focussing on the anatomy of a healthy city.

Suzanne has also received funding to employ a research assistant to examine the research evidence of the links between health and the neighbourhood environment. She has produced a brief report for the elected Mayor's budget consultation, summarising the public health issues relating to the proposed closure of public toilets in Bristol: this contributed to the subsequent decision to retain the public toilets.

SHINE HIT Director Dr Adrian Davis is continuing to produce 'essential evidence' briefing papers relating to health and transport for Bristol City Council.

Improving Care in Self-Harm

Salena Williams

During our first year, we have been working hard to improve self-harm care and treatment, and reduce suicide across Bristol. Through collaborating across organisations and with service users we have created a Bristol-wide self-harm surveillance database which gives real time information about self-harm from the Children's Hospital, Bristol Royal Infirmary, Southmead and Frenchay Hospitals. We have collated all national evidence and literature relating to good self-harm care across the UK to understand best practice and evidence-based care. We have standardised all self-harm assessment documentation across Bristol hospitals.

In a large collaborative project, service users have been involved in shaping the service and evaluating Emergency Department (ED) care using experience-based design techniques. Over the next year we hope to consolidate this work to improve care for self-harm in Bristol Emergency Departments. We have begun to create a resource pack for self-harm patients and introduced personal care plans at ED reception. Environment was also a key area for improvement: we are working with nationally acclaimed animators to create and show information programmes in waiting areas.

Alongside all this, training has been a key issue in self-harm care. We are providing teaching to our ED staff and GPs and we are hoping to offer a seven day psychiatric nurse service in the BRI, with the aim that self-harm care follows NICE guidance. The next stage is to ensure care improvements are consolidated in Emergency Departments at Southmead Hospital and the Bristol Royal Infirmary. We will continue to monitor the self-harm register and work towards enhanced psychiatric liaison service in the Emergency Department. We aim to develop good practice and close communication with GPs and Emergency Departments and undertake further research utilising the self-harm register.

Service users have been involved in shaping the service and evaluating Emergency Department care

25,000, the number of people in Bristol estimated to **self-harm**

Integration to Avoid Hospital Admissions

Dr Sarah Purdy

It has been a productive year for the Integration to Avoid Hospital Admissions (ITHAcA) HIT. We have focused on our aims to reduce the complexity in the urgent care system and to develop the capacity to use data in evaluating changes and optimising the productivity of existing and new interventions. ITHAcA has four priority themes: using data to inform commissioning; chronic obstructive disease (COPD); dementia and childhood asthma.

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Our programme of work has begun with a focus on COPD, with an application to the National Institute of Health Research (NIHR) Health Services and Delivery Research programme to evaluate admission and discharge care bundles for people with COPD in collaboration with the British Thoracic Society: we are waiting for final confirmation of funding. We have also recently completed a locally funded study to explore the feasibility of using a systems dynamics modelling approach to understand and reconfigure services available for patients with COPD. Local funding has also been obtained to look at a systematic review of case management in heart failure. Other applications recently submitted include a Programme Development Grant on managing uncertainty to reduce emergency bed days for older people and a small grant to examine the feasibility of applying a systems dynamics approach to investigating dementia services.

5.2m emergency admissions every year in NHS, in 2012/13, more than 1m of those could have been avoided (source NHS England)

We are also focusing on the development of the HIT as an information repository, through the creation of a website offering information about avoidable admissions. From our recent circulation of documentation, a request was made for a virtual wards meeting, which was attended by six senior Bristol, North Somerset and South Gloucestershire NHS staff. The aim was to review the evidence and think about how to develop this initiative locally. From this discussion a request was made for a systematic review of virtual wards, which is being prepared for submission to the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) West.

Future plans include exploring evaluating the use of voluntary sector services to reduce admissions, and working in partnership with clinical colleagues to support an evaluation of an existing discharge service aimed at reducing future hospital admissions.

Retinal Outreach, Integration and Research

Professor Andrew Dick

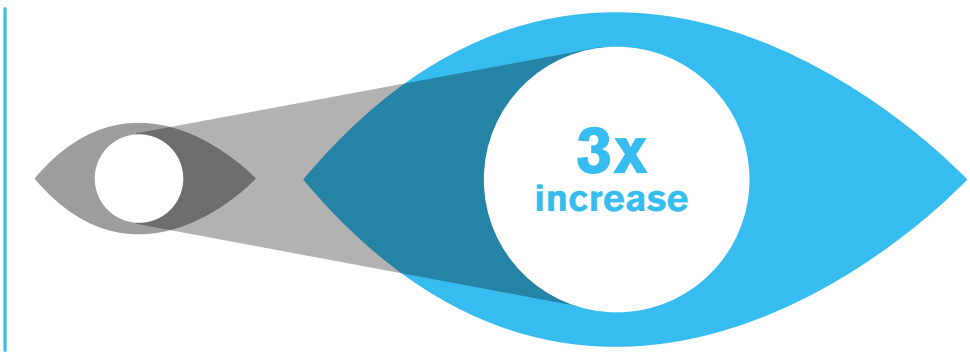
The Retinal Outreach, Integration and Research (RENOIR) HIT builds on Bristol Eye Hospital's existing regional, national and international strengths. Bristol Eye Hospital has a national profile for the delivery of high quality and cost-effective clinical services. Expanding our services through a modernised system using outreach clinics will allow the NHS to treat more people closer to home, improving patient choice and making new drugs available via research to people who might not otherwise have access to them.

We are responding to the increase in retinal conditions, by designing and delivering optimal and cost efficient care. Our outreach programme provides equity of care in our community, to allow patients to be treated closer to their home to the same standards they'd expect from the Bristol Eye Hospital. We opened a new site at South Bristol Community Hospital in July 2013. We are scheduled to open a site in North Somerset during the summer of 2014 and another in South Gloucestershire in 2015.

We are also developing research and NICE guideline-informed care pathways. Initial consultation and diagnosis happens at Bristol Eye Hospital, before patients are moved into appropriate care pathways for follow-up at one of the outreach locations. We also aim to develop opportunities for access to research trials for all. We have already recruited more than 80 patients for two observational and two interventional studies.

We are also working to enhance our services through the use of modern imaging developments and IT, extending our team's skills. We have already recruited, trained and extended the role of optometrists, technical staff and nurses, leading to more cost-effective delivery of services.

Our outreach programme provides equity of care in our community



3x increase in number of patients treated for diabetic macular oedema/retinal vein occlusion from November 2013 (128 patients) and Feb 2014 (364)

Partnership for Parkinson's and Other Movement Disorders

Dr Alan Whone

In the Bristol, North Somerset and South Gloucestershire (BNSSG) Partnership for Parkinson's and Other Movement Disorders (Move–hIT), our first goal was to audit the services currently available for people with Parkinson's in the region, the actual clinical and social care needs and patient experience.

Once funding was secured, Neurological Commissioning Support, a voluntary sector organisation that aims to improve neurology commissioning, started the audit in early 2014. This has included structured interviews with professionals and patient focus groups, and results will be reported in May. This report will form the basis of a BNSSG-specific integrated care pathway for Parkinson's, and we will apply to Parkinson's UK in August for a service development award.

The Parkinson's Centre is due to open in January 2015

The Parkinson's Centre is due to open in January 2015 on the Southmead site, and our own charity, 'Move for Parkinson's', has continued to community fundraise for this. We have supported educational events through the Parkinson's Academy, and have been key contributors at a regional meeting to discuss improvements to Parkinson's in-patient care and setting Commissioning for Quality and Innovation targets.

Working to develop our research strategy, MOVE-hIT held a meeting last Autumn to bring together preclinical and clinical movement disorders researchers, as well as a separate meeting to inform people with Parkinson's across the South West about our research. We have maintained close links with our PPI group and Parkinson's UK, whose national 'Excellence Programme' has clear parallels with MOVE-hIT's work plan over the next few years. We have secured much needed funding from industry for an administrator, who will work part-time on our HIT developments, focusing on networking and communications across the team and more widely. We anticipate that the next year will see promising developments.

1,780 people in the BNSSG area have Parkinson's, with one in five presenting before the age of 50

Sexual Health Improvement for Population and Patients

Professor John MacLeod

The NHS reforms have led to 2013-14 being a challenging year for sexual health services across Bristol, North Somerset and South Gloucestershire, the constituency of the Sexual Health Improvement for Population and Patients (SHIPP) HIT. The major commissioning responsibility for services now lies with Public Health in their new home within the local authority. Fortunately, the lead commissioner for sexual health has continued to play a lead role within SHIPP in ensuring our work reflects local priorities highlighted in the Joint Strategic Needs Assessment.

In 2013 Bristol was successful in its bid to the National Institute of Health Research (NIHR) for £3.8 million to lead a Health Protection Research Unit (HPRU) in collaboration with Public Health England. Evaluation of interventions to improve sexual health is a key theme within the HPRU and the unit will provide additional support for our work; in particular our piloting of centralised telephone-based management of cases of chlamydia and gonorrhoea diagnosed in the community, our evaluation of different strategies for earlier diagnosis of HIV and our evaluation of patient and public involvement policy as an intervention.

In 2013-14 all these work-streams have progressed according to the plan that formed the basis for our approval as a HIT. In the next year we will submit applications for funding of follow on projects in these and other areas. We will also continue to work with the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) West and the Academic Health Science Network (AHSN) to put the evidence we generate into practice.

Bristol was successful in its bid to the NIHR for £3.8 million to lead a Health Protection Research Unit

Bristol Network for Equality in Early Years Health and Wellbeing

Patricia Lucas

The Bristol Network for Equality in Early Years Health and Wellbeing (BoNEE) HIT was approved in December 2013 and aims to tackle the health inequalities that have a profound and lifelong impact on the health and wellbeing of children. Deprivation in Bristol is higher than average for England, with nearly 20,000 children living in poverty.

Some of our activities so far include a whole day seminar on 'Food Security in Bristol and Beyond', held in April. Katherine Walls and colleagues at the Dental Hospital & School are looking at paediatric dental activities under general anaesthetic. Debbie Watson and Jo Williams have begun a systematic review of early interventions for social and emotional wellbeing with colleagues at Cardiff University, University of Bristol and the London School of Hygiene and Tropical Medicine.

With colleagues at the Wellspring Healthy Living Centre we have met and talked to parents in East Bristol about their views and experiences of health for their young children. So far we have organised one group for parents of Somali descent, and a second for parents from Eastern Europe. More groups are planned.

We have several masters students who will be undertaking dissertations linked to our interest in early years nutrition. Jessica Williams' work has been crucial in the city for improving diet for young children, including access to Healthy Start vitamins, and training in healthy eating for early years practitioners.

Over a quarter of Bristol children live in poverty (nearly 20,000)

Other Health Integration Teams

Chronic Kidney Disease

The Chronic Kidney Disease (CKD) HIT aims to improve outcomes for patients with kidney disease in the Bristol area through prevention, improved patient care, education and research. The Health Survey for England found that 6-7 per cent of the population has kidney function of less than 60 per cent, rising to over 30 per cent in over 75s. Early projects that are being considered include prevention and better management of Acute Kidney Injury and Telehealth medicine for monitoring patients with CKD.

Active People: Promoting Healthy Life Expectancy (APPHLE)

APPHLE HIT aims to encourage the adoption of physical activity and other healthy behaviours amongst older age groups in order to improve their overall health during their later years.

Addictions (ADDHIT)

ADDHIT aims to reduce alcohol and substance related harm through improved treatment programmes and prevention interventions. Excessive alcohol use is the third leading risk factor for morbidity in Western Europe, while opiate related deaths are a major contributor to premature mortality.

Integrated Pain Management

Each year over 5 million people in the UK develop chronic pain, but only two-thirds will recover. The Integrated Pain Management HIT works across Bristol and Bath, and will focus on a life span approach to ensure that people of all ages receive optimum care for chronic pain.

There's more information about all our HITS on our website at www.bristolhealthpartners.org.uk/HITs

Research highlights from the partners

The last year has been significant for Bristol health research, with major funding awards across the partnership, the successful bid for the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) West and the launch of the multimillion pound Elizabeth Blackwell Institute for Health Research.

Developing research networks

The NIHR CLAHRC West, announced in August, brings £9m to the region and is hosted by University Hospitals Bristol NHS Foundation Trust (UHBristol), with Jenny Donovan, Professor of Social Medicine at the University of Bristol, as Director. NIHR awards CLAHRC funding to collaborations with a substantial portfolio of world-class applied health research, particularly in research targeted at chronic disease and public health interventions, and that hold a track record in translating research findings into improved outcomes for patients.

In September, the government announced that UHBristol was one of just 15 NHS trusts or foundation trusts in England appointed to run a local branch of the NIHR Clinical Research Network.

New institutes and research centres

The Elizabeth Blackwell Institute, launched in July by the University of Bristol, will accelerate the translation of medical research into new treatments and therapies to benefit patients. Named after one of Bristol's unsung medical pioneers and co-funded by the Wellcome Trust and the University of Bristol, the Institute brings together leading researchers from disparate disciplines to collaborate on projects to deliver better health for the public. It will foster collaborative approaches with patients, funding bodies, the NHS and industry, and aims to identify cutting-edge projects requiring funding, expertise or resources for pivotal stages in the research process.

The Bristol Surgical Trials Centre, based at the University of Bristol, opened in 2013. The Centre enables surgeons to learn more about how to deal with a range of conditions, assess new surgical techniques and discover surgical breakthroughs to help deliver better care to thousands of patients. It brings together expert surgeons and scientists to design and deliver studies to evaluate new operations,

The Elizabeth Blackwell Institute, launched in July by the University of Bristol, will accelerate the translation of medical research into new treatments and therapies to benefit patients

and to compare standard procedures to answer research questions that are important to patients and the NHS. It will also help develop a new generation of surgeons that understand and participate in high-quality research.

A £1.5m research centre to find new advances in the prevention and treatment of children's burns launched at North Bristol NHS Trust's Frenchay Hospital in June. The Healing Foundation Centre for Children's Burns Research will develop new techniques and approaches to prevent burns and scalds and improve the clinical care and recovery of children who have suffered burns.

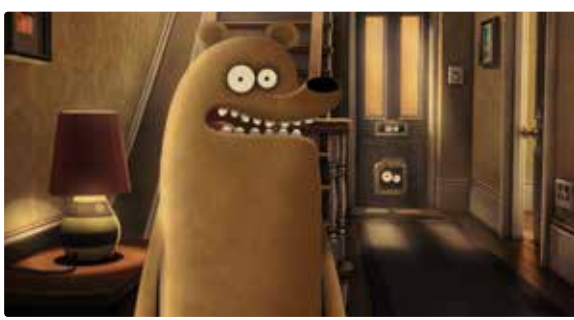
Cutting-edge studies

A pioneering new project that has already benefited from the Elizabeth Blackwell Institute is the £12m SPHERE (Sensor Platform for HEalthcare in a Residential Environment) study, a project that will develop novel sensor systems to monitor people's health in the home especially after major operations, when they live alone or have to cope with complex medical problems such as Parkinson's, depression or a stroke. The project, which launched in December, will use advanced engineering solutions to detect abnormal changes in people's physical activity, gait and mood, and is funded by the Engineering and Physical Sciences Research Council.

North Bristol NHS Trust is leading a new, cutting-edge research trial, which could help to stop Parkinson's in its tracks

North Bristol NHS Trust is leading a new, cutting-edge research trial, announced in October, which could help to stop Parkinson's in its tracks. The team of researchers are recruiting 36 people with Parkinson's to help them to continue developing a potential major new treatment for the condition. The £2m project is funded by Parkinson's UK, with support from the Cure Parkinson's Trust and in association with North Bristol NHS Trust. Building on the success of an initial safety trial, this promising study will investigate whether infusing GDNF directly into the brain using a specially designed delivery port could help to improve symptoms – such as stiffness, slowness of movement and tremor – and slow down the spread of the condition.

The Musculoskeletal Research Unit, at North Bristol NHS Trust's Southmead Hospital Bristol, was awarded £2m from NIHR in November, to lead a major multi-centre research programme to improve the treatment of patients with deep prosthetic joint infections after total hip or knee joint surgery.



A groundbreaking robotic system that could help surgeons put joint fractures back together using a minimally invasive approach, will be the first robot-assisted system designed to deal with this problem. The system is being developed at Bristol Robotics Laboratory in collaboration with a leading orthopaedic surgeon, a company specialising in orthopaedic devices and UHBristol. Bristol Robotics Laboratory is a collaboration between the University of the West of England and the University of Bristol.

A three-year research partnership between Toshiba Medical Systems, UHBristol and the University of Bristol Clinical Research and Imaging Centre was announced in November. The first research study of its kind in the UK sees a collaboration with the Bristol Heart Institute and the University of Exeter's Children's Health and Exercise Research Centre to investigate the effects of exercise on children with congenital heart disease. The new echo-cardiography research project will identify the healthy limits of exercise and the wider benefits of exercise for children with congenital heart defects.

The Avon Primary Care Research Collaborative (APCRC) has hosted ten research grants worth over £12.8 million, on behalf of Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups. Four more studies have been funded in principle, adding another £3.4million to the portfolio. Studies include a clinical trial aiming to improve the management of patients with multi-morbidity in general practice (3D), led by Professor Chris Salisbury at the University of Bristol. This trial will test the effectiveness of a novel method of managing patients with three or more long-term conditions in general practice.

Another is a mixed methods study exploring the use of quality indicators, including Commissioning for Quality and Innovation (CQUIN) targets, in community nursing, led by Dr Sue Horrocks, University of the West of England, Bristol. An under-researched area, this study will explore how quality indicators are selected, applied and how useful they are in community nursing, helping to inform national policy and guidelines.

Improving participation in mental health research

The Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) launched Everyone Included in March. The scheme allows everyone who uses AWP's services to choose whether they want to receive information about research happening in the Trust. Everyone Included was launched following consultation with service users, carers and staff about how they would like to find out about research.

The South West Memory Research Register, a collaboration between Bristol Health Partners and the West of England Academic Health Science Network (WEAHSN), launched in February. The register is for people with memory problems and their carers who want to be told about research opportunities across the region.

Approaching patient and public involvement collaboratively

Since 2012, Bristol Health Partners has worked with People and Research West of England, led by Professor David Evans at the University of the West of England, as its patient and public involvement (PPI) working group. The partnership has joined with WEAHSN, CLAHRC West and the Clinical Research Network West of England to develop an integrated strategic approach to PPI across the region. A joint PPI strategy group is being established by David Evans and his team to build on the work of People and Research West of England and to act as a single point of strategic advice on PPI to all four parent bodies. The group will have equal representation of professional and patient/public members.

A joint PPI team is being recruited to deliver the strategy across the four parent organisations. This approach of a single PPI strategy group and team working across a region and four parent bodies is innovative and possibly unique, and will be evaluated as part of the research and evaluation agenda of CLAHRC West and Bristol Health Partners.

This approach of a single PPI strategy group working across a region is innovative and possibly unique

Recognition for Bristol's contribution to health research

In February, Professor Sir Eric Thomas, Vice-Chancellor of the University of Bristol, was presented with the Queen's Anniversary Prize for Higher Education on behalf of the University. The prize is the highest accolade for any academic institution and was awarded in recognition of Bristol's cutting-edge research into obstetric and neonatal practice, led by Tim Draycott and Professors Marianne Thoresen and Peter Fleming, whose work is all in partnership with Bristol Health Partners member organisations.

During 2013, two of UHBristol's most senior consultants were appointed by Professor Sir Bruce Keogh, Medical Director of NHS England, to provide him with expert clinical advice and research in specific fields. Professor Jonathan Benger was made National Clinical Director for Urgent Care and Dr Jacqueline Cornish was made National Clinical Director for Children, Young People and Transition to Adulthood.

The Bristol Clinical Commissioning Group (CCG) was shortlisted for a HSJ Award for clinical research impact and for providing CCGs with leadership in enabling research participation. Bristol CCG recognises the importance of giving patients the opportunity to take part in research studies. So it now includes specific requirements in all service specifications to facilitate patient recruitment into high quality studies, supported by a template that was originally developed, through consultation, as part of the Dementia Wellbeing specification. This was subsequently added to all service specifications within the modernising mental health services programme.

Two of UHBristol's most senior consultants were appointed by Professor Sir Bruce Keogh, Medical Director of NHS England, to provide him with expert clinical advice and research

In April, the Avon Primary Care Research Collaborative (APCRC) was awarded £819k of Research Capability Funding (RCF) for 2014 – 2015, on behalf of the local Clinical Commissioning Groups. This is the largest award to a CCG research and development collaborative in the country, followed by Oxford and Cambridge respectively. RCF is awarded to research active NHS organisations who receive funding from NIHR, to help maintain research capacity and capability by attracting, developing and retaining high-quality research, clinical and support staff.

Peter Brindle, R&D Director for APCRC said: "This award is a testament to the excellent working relationships we have with our local universities and to the exceptional quality of their research teams. We will now use this RCF to continue to grow research while also deliver increasing value to our commissioning community. In particular, this means increasing our activity around supporting service evaluation, evidence-informed commissioning and non-research innovation bids."

Find out more about Bristol's health research and innovation at www.bristolhealthpartners.org.uk/health-innovation/

Find out more about Bristol Health Partners and our Health Integration Teams

W www.bristolhealthpartners.org.uk

E hello@bristolhealthpartners.org.uk

@BristolHealthP

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