Northern Excellence in Active and Healthy Ageing Symposium

Tuesday 6th June 2017, Horizon Leeds

Symposium Agenda

Registration	**08:45 – 09:30**
Welcome Address, Richard Stubbs	09:30 – 09:45
Keynote 1, Professor Maddalena Illario	09:45 – 10:15
Keynote 2, Professor Martin Vernon	10:15 – 10:45
Northern AHA Exemplar Practice – Yorkshire and Humber	10:45 – 11:00
Coffee Break	**11:00 – 11:15**
Northern AHA Exemplar Practice – North East	**11:15 – 11:30**
'Raising the Bar' Lessons from Wales, Scotland and Northern Ireland	11:30 – 11:50
Domestic, European and Global Partnership Working	11:50 – 12:10
Morning Speakers' Panel Q&A	12:10 – 12:30
Lunch and Group Photo	**12:30 – 13:00**

European Innovation Partnership on Active and Health Ageing
EIP-AHA

Newcastle University Reference Site in Partnership with AHSN NENC
at the Campus of Ageing and Vitality

Falls and Fracture Programme
"a population based approach used across the North East and North Cumbria"

Helen Ridley (AHSN Programme Lead)
'as told to' Prof Oliver James, Medical Director

1. Bone Health Programme
'Proactive approach to Bone Health'

2. Community Admiral Nurse Service
'Helping to prevent falls and fractures in people with Dementia'
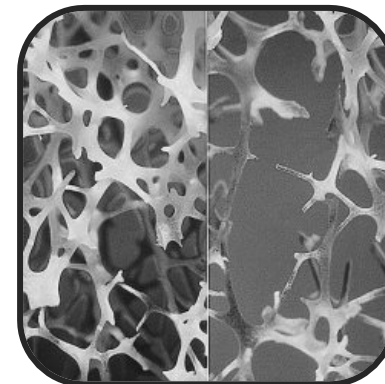
Background

Osteoporosis *"porous bone"*
   Bone loss outpaces growth of new bone
   The risk of fracture is greatly increased
   Occurs silently and progressively
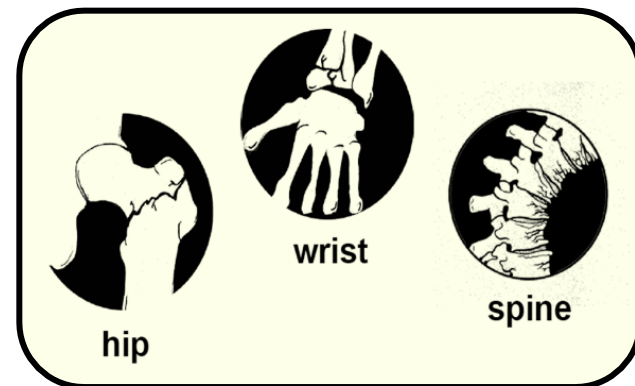   No symptoms until the first fracture

Osteoporotic fracture
   Hip, spine and wrist
   1 in 3 women and 1 in 5 men
   Estimated to occur every 3 seconds

Consequences of Hip Fractures

- **Hip fracture** *(data taken from 2015 National Report of Hip Fracture Database)*

    - Around 65,000 hip fractures occur each year in the UK
    - Account for ~4000 in patient beds DAILY
    - Commonest cause of injury-related death – 30 day mortality rate 8.2%
    - Loss of independence – 46% patients return home within 30 days
    - Loss of mobility - 50% of patients with hip fracture suffer permanent disability (only 30% fully recover)
    - Care costs exceed £2 billion a year (excluding social care costs)

North East Region

4.14i – Hip fractures in people aged 65 and over (Persons) 2014/15

Area	Count	Value
ENGLAND	57,712	571
North East Region	3,142	618
County Durham	589	574
Darlington	139	624
Gateshead	259	662
Hartlepool	122	684
Middlesbrough	162	741
Newcastle upon Tyne	300	655
North Tyneside	272	663
Northumberland	394	539
Redcar and Cleveland	156	536
South Tyneside	203	621
Stockton-on-Tees	205	608
Sunderland	341	698
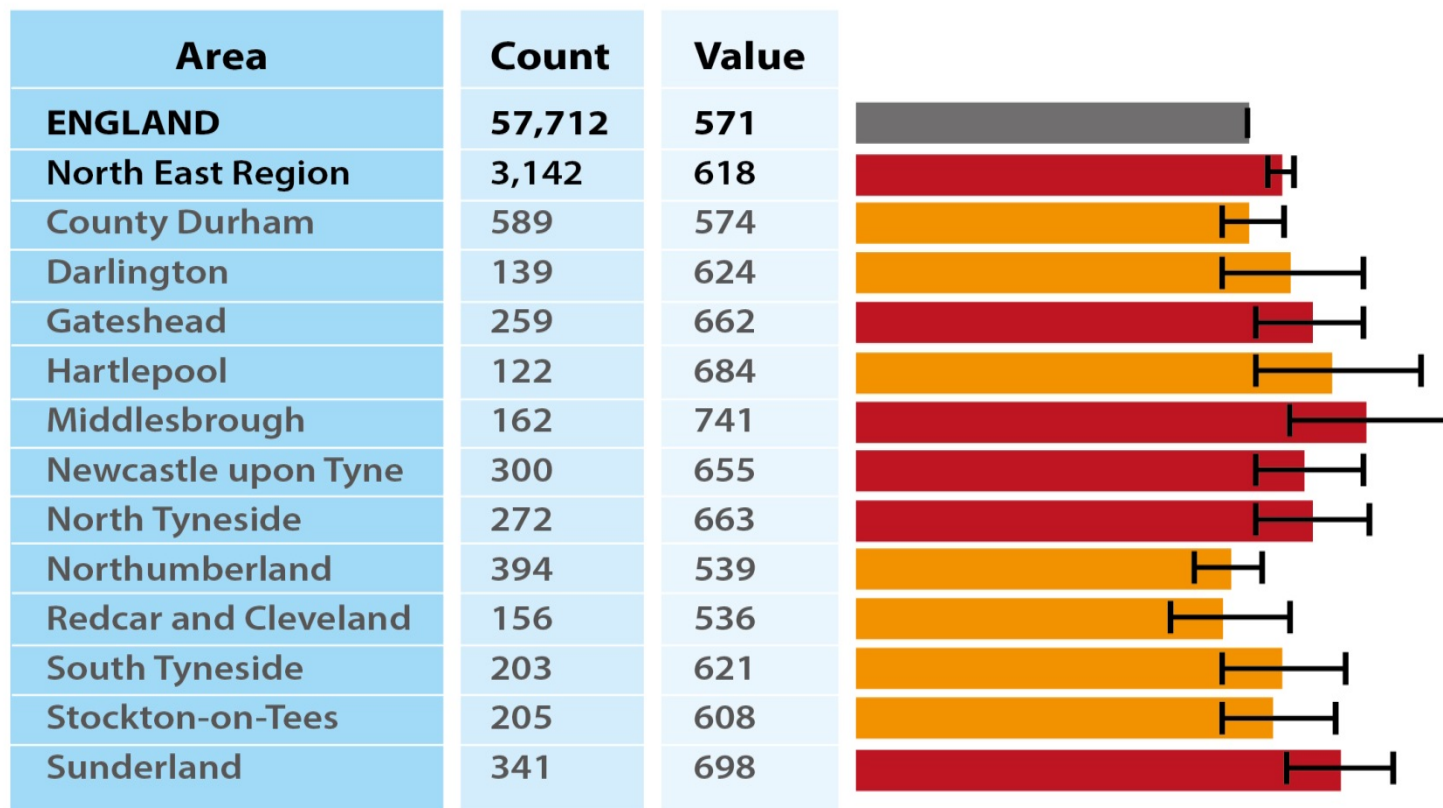
Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre for the respective financial year, England.

Working in Partnerships

Benefits to Patients

Education on the risk of osteoporosis; and, the importance of a healthy diet, exercise and (if required) bone health therapies/treatments, in reducing fracture risk.

Optimise osteoporosis treatment and support primary and secondary fracture prevention

Benefits for GPs Practices/Surgeries?

- QOF Prevalence and Value (Osteoporosis QOF points)

- the aim of Quality Outcomes Framework is to improve preventative care in Primary Care by 'encouraging' identification of patients with a number of hazardous conditions – osteoporosis, AF, COPD, Diabetes

Why do it?

- Strong Bones – Fracture Prevention

- Patient care optimised within clinical therapy area

- Patient Education on the importance of a Healthy Diet and Exercise

- Proactive approach to Bone Health ("Ageing Well")

- NHS/Social Care savings related to Fracture Prevention

Methods 1

- Using trained Clinical Pharmacists (Interface Clinical Services to interrogate GP electronic patients records.

- Using a screening tool developed with Sheffield University.

- Hence screen all at risks patients or potentially at risk patients GP Practice lists

Methods 2

- To produce 3 groups of patients to discuss with each GP Practice

    1. At risk of Osteoporosis
    2. High Osteoporosis risk, +/- Osteoporosis related fractures
    3. List those who have been on Bone Sparing Therapy who may need review

Methods: 3

- To discuss each groups of patients with GP, where appropriate to discuss possible future management of individual (high risk) patients

Interface Clinical Services – Toolbox

BSA: Current Prescribing

Attend2 Fracture Risk Assessment Tool

CaD3 Therapy Review
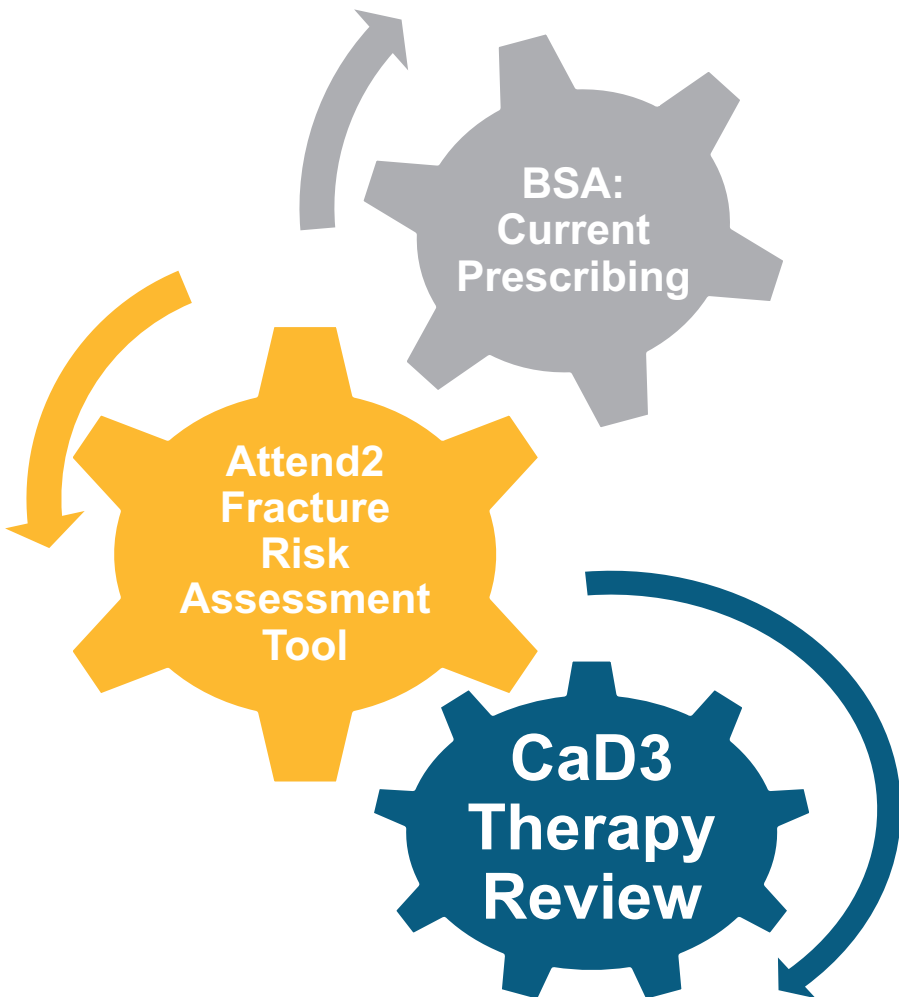
1. CaD3 Therapy Review
Identification and review of patients at risk of Calcium & vitamin D3 deficiency - the two most important nutrients for bone health

2. Attend2: Fracture Risk Assessment Tool
Proactive identification of patients at risk of osteoporotic fracture – underpinned by FRAX

3. BSA: Current Prescribing
Review of patients currently receiving bone sparing agents (BSA) to support safe and effective preventative therapy
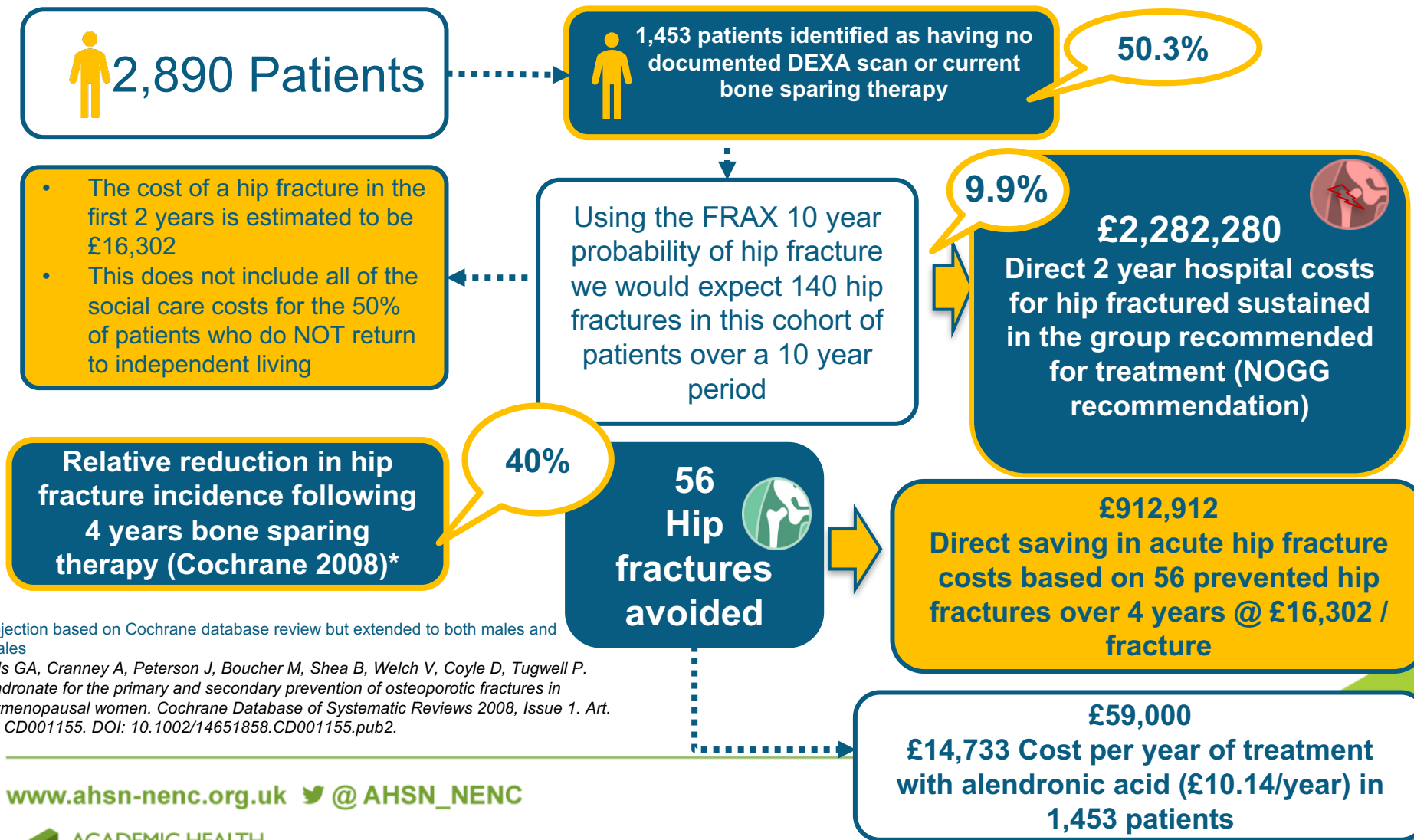
Attend2: Fracture – Cost Impact Modelling

If we look at projected hip fractures within the cohort recommended for treatment with a bone sparing therapy (NOGG)

2,890 Patients

1,453 patients identified as having no documented DEXA scan or current bone sparing therapy

50.3%

- The cost of a hip fracture in the first 2 years is estimated to be £16,302
- This does not include all of the social care costs for the 50% of patients who do NOT return to independent living

Using the FRAX 10 year probability of hip fracture we would expect 140 hip fractures in this cohort of patients over a 10 year period

9.9%

£2,282,280
Direct 2 year hospital costs for hip fractured sustained in the group recommended for treatment (NOGG recommendation)

Relative reduction in hip fracture incidence following 4 years bone sparing therapy (Cochrane 2008)*

40%

56 Hip fractures avoided

£912,912
Direct saving in acute hip fracture costs based on 56 prevented hip fractures over 4 years @ £16,302 / fracture

*Projection based on Cochrane database review but extended to both males and females
Wells GA, Cranney A, Peterson J, Boucher M, Shea B, Welch V, Coyle D, Tugwell P. Alendronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD001155. DOI: 10.1002/14651858.CD001155.pub2.

£59,000
£14,733 Cost per year of treatment with alendronic acid (£10.14/year) in 1,453 patients

www.ahsn-nenc.org.uk @ AHSN_NENC

ACADEMIC HEALTH
SCIENCE NETWORK
NORTH EAST AND NORTH CUMBRIA

Osteoporosis QOF – what we found (55 practices)

409

The combined number of patients included within the Osteoporosis QOF Registers (Ave 7.5 patients per practice – 55 practices)

The number of patients identified for Osteoporosis QOF register Inclusion (Ave 41 patients per practice)

2249

9

The number of points allocated to the Osteoporosis QOF

The average additional income realised per patient added to the osteoporosis register

£170

ACADEMIC HEALTH SCIENCE NETWORK
NORTH EAST AND NORTH CUMBRIA

Next Step in the ICS Toolbox

Bone Sparing Audit: Current Prescribing

➢ Review of patients currently receiving BSA to support safe and effective preventative therapy (pilot across West Northumberland)

➢ To Support the Proactive Review of Current Prescribing and Identification of GAPs in Care

Bone Health Programme Timeline

2014/15

AHSN Single Sponsored Project

Hadrian Primary Care Alliance

(West Northumberland)

2015/16

AHSN Patient Safety Collaborative Project

Multiple Sites – Population Benefit

2016/17

Roll-out to every GP Practices in the North East and North Cumbria through CCGs and Nationally through the AHSN Network

2017/18

Pilot of Bone Sparing Audit in Northumberland and future development to include Frailty Index to identify patients at all levels of Frailty for Management

Newcastle Community Admiral Nurse Service 'Helping to prevent falls and fractures in people with Dementia'

Number & % of emergency for injuries related to falls

Trust Name	2014/15			2015/16		
	No. of emergency admissions due to falls (65+)	No. with dementia and/or delirium as secondary diagnosis	% with dementia and/or delirium (14/15)	No. of emergency admissions due to falls (65+)	No. with dementia and/or delirium as secondary diagnosis	% with dementia and/or delirium (15/16)
Newcastle	1,500	305	20.3%	1,668	393	23.6%
County Durham & Darlington	2,203	493	22.4%	2,271	577	25.4%
South Tees	1,425	331	23.2%	1,329	333	25.1%
North Cumbria	1,275	297	23.3%	1,133	286	25.2%
North Tees	1,093	282	25.8%	1,077	268	24.9%
Gateshead	1,064	284	26.7%	1,018	306	30.1%
Northumbria	2,304	659	28.6%	2,123	668	31.5%
South Tyneside	592	180	30.4%	631	201	31.9%
Sunderland	1,214	399	32.9%	1,141	457	40.1%
NENC	12,670	3,230	25.5%	12,391	3,489	28.2%
England	214,503	53,849	25.1%	210,322	56,451	26.8%

Provided by the North East Quality Observatory Service (NEQOS) Data source: Hospital Episode Statistics, Copyright © 2016, re-used with the permission of NHS Digital. All rights reserved. (2015/16 data is provisional)

NEWCASTLE HOSPITALS NHS FT

Nature of fall	% of Admissions
Unspecified fall	62%
Fall on same level from slipping, tripping and stumbling	13%
Other slipping, tripping and stumbling	8%
Fall from Bed	8%
Fall on and from stairs and steps	4%
Fall from Chair	2%
Other Fall	3%
TOTAL	100%

The nature of falls varies which suggests that some, if not all, falls may have been preventable with the implementation of appropriate falls prevention strategies and programmes.
Some fractures may have been preventable with appropriate treatment of osteoporosis.

Provided by the North East Quality Observatory Service (NEQOS) Data source: Hospital Episode Statistics, Copyright © 2016, re-used with the permission of NHS Digital. All rights reserved. (2015/16 data is provisional)

Working in Partnership

Newcastle Community Admiral Nurse Service

❑ To improve the complex care and support of people with dementia and their families

❑ The innovative objective will be to reduce the incidence of falls and fractures in people with dementia. These are particularly common in people with dementia and lead to prolonged hospital stay or transfer from home to care homes and increased premature mortality

Overall aim of this Initiative

- Education on Bone Health through healthy diet and exercise

- Ensuring people with dementia are on the correct therapies to manage their bone health if required

- Spread this new part of the role to other Admiral nurses in the region and more widely

- Spread the admiral nurse service across the Country through Dementia UK and on wider global footprint through AMGEN

For more information contact:
Helen Ridley
h.ridley@ahsn-nenc.org.uk
or visit our website at
www.ahsn-nenc.org.uk

ACADEMIC HEALTH
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Scotland's Digital Health and Care Ecosystem

Research & Education
University of The Highland and Islands
University of Strathclyde
University of Edinburgh
University of Glasgow
University of Stirling

Business Development
Scottish Enterprise
Highland and Islands Enterprise
Scottish Development
International
Innovate UK

Health and Care Providers
45 Acute Hospitals, including
5 University Teaching Hospitals
32 Health and Care Partnerships
Private sector care providers

Knowledge Institutions
Scottish Centre for Telehealth & Telecare
Digital Health and Care Innovation Centre
Censis (Sensors Innovation Centre)
Data Lab (Big Data Innovation Centre)
School of Informatics Edinburgh
Farr Institute

Projects& Initiatives
MasterMind
eSmart
TEC Programme
Health in My Language
SIMPATHY
SCIROCCO
mPOWER

Clusters & Networks
Scottish Health Innovations Ltd
National Services Scotland, Population Health
Scottish Health Technology Assessment Centre
Golden Jubilee National Innovation Centre
European Connected Health Alliance
CIV Tech

Scottish Centre for
Telehealth & Telecare

NHS 24

Conditions to Become a Reference Site

- Political, organisational, technological & financial readiness.

- Share learning, knowledge & resources for innovation.

- Contribution to European cooperation & transferability.

- Delivering evidence of impact against the triple win approach.

- Scale of demonstration & deployment of innovation.

Political, Organisational, Technological & Financial Readiness

- **Political & Organisational Readiness**
  - The Public Bodies (Joint Working) Scotland Act
  - Quality Strategy
  - 20:20 Vision

- **Technological Readiness**
  - MOMENTUM toolkit embedded in the TEC programme

- **Financial Readiness**
  - Integrated Resource Framework

Share Learning, Knowledge & Resources for Innovation

Scotland has put in place a number of national measures that support service improvement, shared learning & knowledge transfer, including:

- Reshaping Care for Older People Programme
- Improvement Network for Integrated Care & Support
- Managed Clinical Networks
- Improvement Hub
- 4 National Innovation Centres
- Telehealth & Telecare Learning Network

Contribution to European Collaboration

- Members of European networks, including: EHTEL, EUREGHA, ECHA, CORAL and EIP on AHA.

- Lead role in developing the B3 Maturity Model for Integrated Care and now leading EU project, SCIROCCO, to develop a self-assessment tool to facilitate knowledge transfer & scaling up of good practices in Europe.

- Host Study Visits from other EU regions, focused on sharing learning.

- Memorandums of Understanding with Catalonia and the Basque Country to facilitate knowledge transfer and exchange of good practices in integrated care and digital health between the countries.

Delivering Evidence of Impact Against the Triple Win Approach

Scotland has gained a reputation for supporting innovation and prevention approaches linked to economic growth and this can be evidenced through the following national strategic initiatives:

- Health and Wealth in Scotland: A Statement for Intent for Innovation in Health
- Establishment of national Innovation Partnership Board
- Establishment of 4 national Innovation Centres
- Innovation Champions
- Health Innovation Assessment Portal
- "CAN DO Innovation Forum"

Scale of demonstration & deployment of innovation

- Involved in at-scale EU funded projects including SmartCare, United4Health, EU Joint Action on Dementia 2015-2018 and EU Joint Action on Prevention of Frailty.

- Technology Enabled Care Programme – national programme funded by Scottish Government to embed and scale up digital health and care solutions.

- Digital Health and Care Institute – set up to support the development of new innovation solutions and services

Northern Ireland Reference Site – Success Factors

- Connectedness across sectors – health and social care/academia/industry

- Embedded Connected Health ecosystem

- Integrated health and social care – facilitates person-centred 'joined-up- care and lends itself to the adoption and scaling up of new approaches and interventions

- Scale – population of 1.8m, ideally sized to support trialling and rollout of innovation

NI Reference Site – Areas of Good Practice

- NI Electronic Care Record (NIECR) – enhancing integration and information flow at a regional level

- NI Single Assessment Tool (NISAT) – capturing information required for holistic assessment of the older person. Electronic version – eNISAT – interfaced with NIECR enabling information sharing between acute and community sectors

- Medicines Optimisation – ensuring that people obtain the best possible advantage from their medications. Extensive international engagement and knowledge transfer success including Republic of Ireland, England, Sweden, Norway and Poland.

Northern Ireland Reference Site – Success Factors

Areas of good practice – strong examples of innovation showcasing:

- person-centred approach
- continuous drive to enhance service integration
- maturity/evidence of impact on the ground
- evidence of activity to engage with other regions in coaching/scaling up

Abigail Phillips

Head of Health Technology
Welsh Government

5th June2017

healthtechfund@wales.gsi.gov.uk

HOW WE GOT ⭐⭐⭐⭐

Our Strategy

Be clear what we want to achieve:
- Measurable impact on healthcare value
- Scalable to all wales level
- Affordable and adoptable

Be clear what we do:
- **Identify** good stuff
- **Test** it works in Wales
- **Scale** to the whole of Wales

Prioritise limited resources

Our Approach

Pace
- Rapid decision making
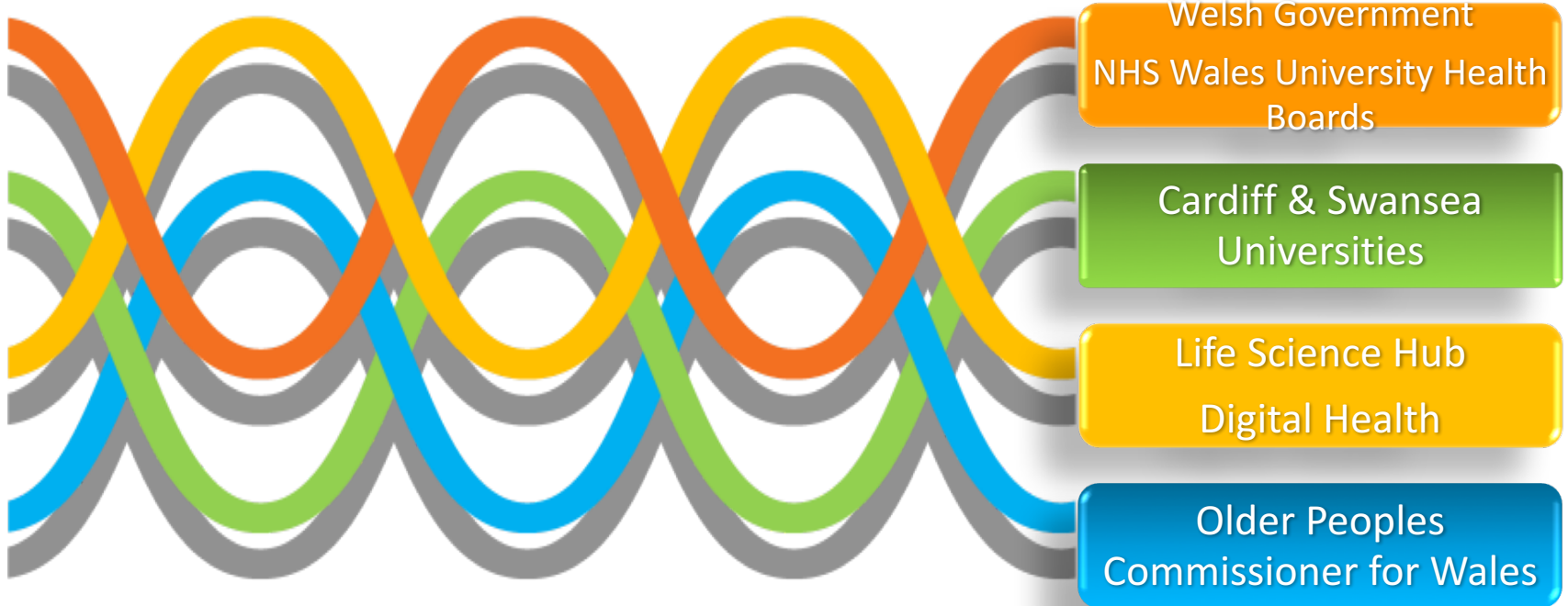- Agreed delivery milestones

Protection
- Specific funding for specific purposes
- Quarterly monitoring

Proportionality
- Simple processes and administration
- High level purposes and targets
- Real world evidence

But flexible…………..

Our Reference Site Partners

Welsh Government
NHS Wales University Health Boards

Cardiff & Swansea Universities

Life Science Hub
Digital Health

Older Peoples Commissioner for Wales

Application

National

- Choosing Wisely Wales
- Choose Pharmacy
- National Exercise Referral Scheme

Local

- Care Homes Medicines Management
- CARTREF – Telehealth in North Wales

What have we done since?

National

- Establishment of a Digital Ecosystem
- Efficiency through Technology Fund – Extension
- PROM, PREM, Value Based Healthcare

Local

- Small Business Research Initiative – Dementia Challenge
- Citizen Driven Health

Aspirations & Challenges

Always scope to do more…..

- Increase engagement in International Partnerships, Projects & Networks

- Upscale of Successful Projects
    - National TEC Programme (WG & NHS)
    - Tech Exemplars – Cataract Surgery

- Welsh Health Innovation & Technology Accelerator

Thank you

Abigail.phillips@Wales.gsi.gov.uk