

Innovation and Health Connected



NORTH WEST COAST
ACADEMIC HEALTH
SCIENCE NETWORK

Annual Report
2013/14

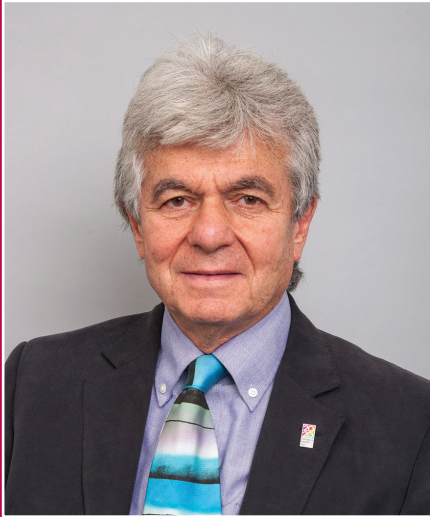
Improving population health by reducing
variation and equalising access to
excellent care.

Promoting a vibrant economy through
investment, innovation and sustainability
of employment.

working together

Table of Contents

Chair’s Statement.....	3
Chief Executive’s Statement.....	4
Extent of geographic reach.....	5
Strategic Priorities	5
Developing partnership working	5
Primary care partnerships	6
Local authority partnerships	6
Commercial partnerships	6
Third sector partnerships	7
Partnerships with organisations of other designations	7
Performance Highlights: Case study 1	9
Performance Highlights: Case study 3	12
Financial Report	13
Expenditure 2013/14.....	14
 Appendices:	
Appendix 1 - Performance against the contract schedule agreed with NHS England	16
Appendix 2 - The Board.....	27
Appendix 3 - Leadership Team	29
Appendix 4 - Campaign Plan	31
Appendix 5 - Partners and Members	32
Appendix 6 - Glossary	34



Chair's Statement

This has been a year of establishing the systems, procedures and entity of the North West Coast Academic Health Science Network. We have focussed very much on working in partnership with members and stakeholders to ensure that we meet their needs and the needs of our residents, patients and service users across our wide geographical footprint, which includes Cheshire, Merseyside, South Cumbria and Lancashire - beautiful coastal, vibrant city and countryside regions, which lead to the enhancement of physical and mental health. During this year, we have focused on developing a strong representative Board. This has resulted in a Board with circa 30 members. Commissioning and provider organisations: NHS Education England, the CLAHRC NWC, universities, industry representation through ABPI and ABHI, Healthwatch, patient representatives and Public Health England are all represented on our Board. This means that decisions reflect the needs of our stakeholders and members.

This inclusive and accessible culture has permeated through the development of our Academic Health Science Network. Quarterly stakeholder forums are held for a wider range of stakeholders to contribute to our agenda. Bespoke events are held for different sectors, for example bi-annual Academic Summits.

Our launch event was over-subscribed with more than 120 attending. We celebrated the work that had been delivered and looked into the future. We used new technologies to gain the views of our stakeholders on how they wish to be engaged over the next year.

We realise that innovation does not stop at the boundary of the North West Coast/ the UK and we have concentrated on working with international partners, building strong relationships with the European Connected Healthcare Alliance and working with partners on a number of pan-European projects which we anticipate will bring wide learning and good practice into the North West Coast area. I look forward to a strong year in 2014/15 and to even stronger years ahead.

A handwritten signature in black ink, appearing to read 'Gideon Ben-Tovim', with a horizontal line underneath.

Gideon Ben-Tovim
Chair, North West Coast AHSN



Chief Executive's Statement

The establishment of the North West Coast Academic Health Science Network (NWC AHSN) has been exciting and enjoyable. The AHSN brings new opportunities to the North West Coast area for healthcare, academia and industry, and all partners across the region have been enthusiastically involved in planning the work themes and have attended our quarterly stakeholder events and bespoke sector summits.

The NWC AHSN's priorities are determined by its overall vision:-

- Improving population health by reducing variation and equalising access to excellent care
- Promoting a vibrant economy through investment, innovation and sustainability of employment

This vision is underpinned by three guiding principles:

- Reducing health inequalities
- Enhancing high value, effective, evidence-based healthcare
- Improving safety in healthcare

We have achieved much during the year, including setting up a new business, recruiting staff in a timely manner;

setting up in new premises, delivering to performance targets and establishing positive working arrangements with our host organisation and key partners. Our partners include 25 NHS provider organisations, nine universities and 19 commissioning organisations.

We also have a strong portfolio of health-focussed businesses across the region. Our location on Sci-Tech, Daresbury, one of only two national science and innovation campuses, gives a strong statement to industry that we will work with them and make the most of the superb facilities that our region has to offer to industry partners.

Despite being the first year of our business, we set challenging targets for the year and we have achieved in all of these areas (see Appendix 1).

A handwritten signature in red ink that reads "Liz Mear". Below the signature is a short horizontal red line.

Dr Liz Mear,
Chief Executive
North West Coast AHSN

Extent of geographic reach

The AHSN covers South Cumbria, Cheshire, Merseyside and Lancashire. This area has a population size of 4.1 million. It is a wide region with vibrant cities, coastline and countryside. One interesting fact about the region is that Merseyside has more green spaces for any city region outside of London and the AHSN and its partners will capitalise on this fact using green spaces to promote physical and mental health.

Strategic Priorities

The process of Smart Specialisation was used to determine the system support priorities for the AHSN. Partners were consulted about regional areas of need and priorities agreed.

Measurements were selected as detailed in Appendix 1 on the performance matrix. These were negotiated with stakeholders through regular consultation and the dissemination of documentation during the development of a five year business plan

During the year, these priorities have evolved into a more streamlined business plan with eight campaigns (see Appendix 4) such as reducing stroke due to Atrial Fibrillation, delivering good procurement practice, improving medicines safety and prescribing) Partners such as the regional Strategic Clinical Networks, the Advancing Quality Alliance, the North West Leadership Academy, the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast (NIHR CLAHRC NWC) and the Northern Health Science Alliance have been closely involved in the identification of action areas for 2014/15.

Public Health England has been engaged with the NWC AHSN and a Public Health representative sits on the AHSN Board. The priorities of Public Health England are reflected in the business plan and the AHSN contracted analytics work in the year to determine some of the health characteristics of the region.

Planning for future years is already ongoing and clinical and patient campaigns are currently being established with commissioners and partner organisations.

Developing partnership working

Our approach to partnership working is that we will not duplicate activity. The key partners we work with have aims and objectives that complement those of the AHSN and we believe that by working together, we create a stronger climate for encouraging innovation, improving health and increasing wealth for our region.

Many of our partners have a wealth of experience, knowledge and complementary skills that we can build on and progress to ensure improved health and/ or wellbeing for residents.

Primary care partnerships

The AHSN has worked with Clinical Commissioning Groups (CCGs) to identify their needs and has presented on a number of occasions at CCG/primary care consortium meetings and had individual meetings with different primary care providers to reflect on their priorities. These partnerships have been instrumental in guiding the business plan priorities for 2014/15. Work is developing with community healthcare providers to ensure that partnerships are forged for out-of-hospital services.

Local authority partnerships

These partnerships are developing through telehealth projects and public health work streams. Two projects are underway with two local authorities and with three Local Enterprise Partnerships (LEPs) in terms of developing schemes to safeguard/ maintain regional jobs. The elected mayor of Liverpool commissioned a review of healthcare - "All Change - The Platform to a Healthier Liverpool". The AHSN has been asked to roll out a number of these review's recommendations and is working with the local authority to achieve outcomes around integrated care, health economy and workforce skills.

Commercial partnerships

The AHSN has met with a number of commercial organisations to assess suitability and fit with its core priorities.

A number of key partnerships have been established. These include a Memorandum of Understanding being established with BT Health, a proposed project with a commercial partner around respiratory disease, and a developing project for stroke/ atrial fibrillation.

A partnership has been formed with Proteus for roll out of a medicines compliance evaluation in 2014/15.

The AHSN made available a range of support to SMEs within its footprint (e.g. IP, legal and commercial development advice) via the strong links that have been established with trade bodies Medilink and Medipex.

These are outlined in more detail in one of the case studies in this document.

In addition, three companies from the NWC AHSN footprint have been successful in being awarded funding to develop their innovative products to address known NHS challenges. The local firms applied to the SBRI Healthcare programme which backs the development of new technologies for known healthcare challenge and Lancashire based Cardiocity and Viraz are now working on developing the feasibility of their innovations.

Alder Hey Children's hospital is also working with commercial partners to develop a system to improve the monitoring of patients to optimise safety. Viraz were also successful in securing funding of nearly £1m to develop a suite of technologies for monitoring and improving hand hygiene compliance in healthcare. The SBRI Healthcare programme is run by all the AHSNs and leading clinicians from the NWC region were part of the selection and assessment process. The NWC AHSN will be launching a new competition in the Spring with the focus on Children and Maternal Health, see www.sbrihealthcare.co.uk to find out more.

Third sector partnerships

Through membership of Liverpool CCG's Wellbeing and Health Committee, the AHSN has built up strong links with local third sector partnerships around the telecare agenda including Local Solutions, Foundation for Art and Creative Technology (FACT), Liverpool Personal Services Society and Riverside Housing.

The AHSN has a Board member from Self- Management UK, an organisation that provides management support for people living with long-term health conditions.

The AHSN has considered the use of green space to improve physical and mental health and has been working closely with the Mersey Forest Organisation and Natural Spaces to gain funding and support for this potential work stream.

The Medical Director of the AHSN sits on the Board of Bionow, which is a regional membership community of biomedical companies who drive collaboration to make public research infrastructure more accessible to business, promoting the North of England biomedical sector as a preferred location in which to locate, establish and grow biomedical businesses and create an environment which de-risks the investment required to deliver world-leading commercial and clinical gains.

Partnerships with organisations of other designations

The AHSN was a key partner in enabling the region's successful bid to host a Collaboration for Leadership in Applied Health Research and Care (CLAHRC). The AHSN and CLAHRC leaders sit on each other Boards and work together to ensure that the businesses of addressing health inequalities is realised, with the CLAHRC conducting research and the AHSN disseminating this research. A joint appointment has been made between the two bodies and close working relationships have been established as we work towards a common purpose but with a different focus.

We also work closely with the two university/ health hubs in our region - Lancaster Health Hub and Liverpool Health Partners. Both organisations sit on our Board and senior leaders from the AHSN sit on their Boards. Key work-streams and relationships have been established and a joint appointment, part-funded by the LEP has been established with Liverpool Health Partners. With both of these organisations, we have been party to leading and contributing to key events across the region to engage staff and leaders in disseminating research to create an impact.

We have a very strong relationship with the North West Coast Clinical Research Network (CRN). One of the first duties of the AHSN was to run a selection process to determine the future host of the CRN. The research targets we have adopted mirror those of the CRN, who we will work with to achieve increased research trials and funding for the region. We have been involved in the interviews for key posts in the CRN and their Medical Director and host organisation Chief Executive sit on our Board. The two former chairs of the Cheshire and Mersey and Lancashire and Cumbria Comprehensive Local Research Networks have sat on the Board since its establishment.

We have four Local Enterprise Partnerships in our region, all of whom have a place on the Board. This has led to key work-streams being developed to increase the presence of SMEs in the region and support job creation. (These projects are detailed further in the match-funding section of our finance report).

Looking ahead, the AHSN is working with the LEPs to contribute to the retention of jobs in the region following the contraction of the public sector by encouraging the development of social enterprises/ spin out companies for workers with skills that are much needed in our economy.

Two local Healthwatch branches have a place on our Board and others attend our quarterly Stakeholder Forum. This has led to strong engagement and understanding and, in keeping with its role, one of the local Healthwatch organisations will be working with the AHSN to deliver some patient/ carer consultation to inform a key clinical project.

A very strong partnership has been forged with the two Strategic Clinical Networks across our region and a joint project on reducing stroke as a result of atrial fibrillation is being rolled out between the three organisations and with a neighbouring AHSN.

Likewise, a strong relationship has built up with the Northern Health Science Alliance (NHSA) which represents the eight largest teaching trusts and teaching universities

in the North. The NHSA has cemented relationships and introduced potential industry partners to the AHSN. A North of England Consortium of AHSNs has been established. This meets on a bi-monthly basis with the SCNs of the North, NHS England North and other agencies as appropriate. The purpose of the consortium is to collaborate on projects, where maximum impact will be gained from working across a northern footprint.

Similarly a consortium has been established with agencies across the North West - the North West Leadership Academy, Greater Manchester AHSN, the Advancing Quality Alliance (AQuA) and Health Education England North. This consortium is working with healthcare organisations to ensure patient safety and support for providers.

Performance Highlights: Case study 1

LOCAL ENTERPRISE PARTNERSHIPS ENGAGEMENT

One of the key priorities for each AHSN is wealth creation. Local Enterprise Partnerships (LEPs) are key contributors to this agenda. They work with SMEs and larger businesses to encourage their funding, development and growth within the local region.

The NWC AHSN is very fortunate to have four LEPs within its region. Two of these have been named in the European Citizens Regions of the Future, FDI briefing as being in the top 10 LEPs in the UK.

The AHSN has partnered with all of the LEPs, each having a place on its representative board. LEPs have welcomed the opportunity to work collaboratively with the AHSN to ensure that developing the life sciences sector and health economy is a key of part of their Growth Plans.

This strategic engagement has in turn led to funding from the AHSN into three of the LEPs for inward investment projects across the region to increase wealth, encourage local business into the region, potentially bring jobs in from overseas and create wealth in the region. This investment has been match funded by each of the three LEPs, thereby increasing the monies available for encouraging SMEs to locate in the region and maximise job creation schemes.

Liverpool LEP have also match funded an AHSN sponsored project of creating jobs in the Liverpool Bio Innovation Hub and a post between the AHSN and Liverpool Health Partners.

In addition, a LEP sponsored company is currently working with the AHSN to improve the telehealth, telecare, telemedicine infrastructure in the region with the aim of

improving the attractiveness of the Lancashire region to businesses working in these areas.

There has been engagement with Cumbria LEP and discussions about how the nuclear industry may play a role in transferring technologies and approaches to health are currently being held.

Cheshire, Warrington and Wirral LEP has also match funded investment from the AHSN to establish work streams to promote increased use of the new EU funding that can assist inward investors and employers in the region, particularly in the area of innovation to stimulate employment and growth. The LEP will work with business and local partners to identify potential projects that could support the business community, growth and employment and assist in enquiries to the area from AHSN or partners and the development of events to engage businesses in inward investment and wider funding schemes to promote innovation, growth and employment.

These newly developed relationships have been very successful so far and, as a reflection of this fact, the AHSN has been asked to present at national events with the LEPs about the benefits these relationships are bringing to the region.

It is anticipated that a number of other projects will roll out from work carried out in individual LEPs. For example, Liverpool LEP are working with the AHSN on a project to develop spin-out companies from the public sector for front line employees and Lancashire LEP are working with the AHSN to develop spin-out companies for senior public sector leaders due to the contraction of services across the sector. These approaches will be piloted in one area and then rolled out across the whole region.

Performance Highlights: Case study 2

HARMONISED PLATFORM FOR RESEARCH AND INNOVATION ACROSS THE NORTH WEST COAST

We recognise the considerable power and potential distinctiveness of achieving linkage between all the NWC's existing engines for research and innovation, and the area's established networks and partnerships for delivering these activities.

We also recognise the remarkably wide range of skills, expertise and facilities for research and innovation which are housed across the NWC, and the compelling array of mutual complementarity offered by these assets. We accord high priority to realising the potential benefits which a successful strategy for systems integration would bring in terms of enhancing our global profile and reputation, and increasing our success in attracting funding and resource to the area.

We have therefore developed a strategy for establishing a harmonised platform for research and innovation across the NWC. This approach will substantially enhance our capability not only for advancing the scope, scale and quality of our activity and delivery, but also for enabling us to achieve our core aim of underpinning innovation with evidence.

A key goal is to build upon major strengths for which the NWC already has a national or international reputation. These include the consistently strong performance of our NIHR Clinical Research Networks (CRNs) in the set up and delivery of clinical trials and other high-quality research studies, the high global standing of our two research-intensive universities (Lancaster and Liverpool), and the considerable achievements and experience of all NWC universities in working productively with a range of public and private sector organisations.

During our first year, we have worked closely with all of our partner organisations and networks to begin to implement the strategy. To date, this has included:

- Establishing an agreed framework for joint working between the NWC AHSN, NIHR CRN, CLAHRC NWC, Liverpool Health Partners and the Lancaster Health Hub
- Establishing the NWC Academic Summit as a forum to bring together the nine Universities in the NWC, and establishment of an academic liaison post to work with each University's leads for industry engagement and Horizon 2020 bidding
- Investing in strategic initiatives to develop infrastructure for electronic health records across the NWC, ensuring interoperability between systems across the entire area
- Investing in strategic initiatives to enhance capacity for Health Economics input into AHSN-driven initiatives
- Establishing a work-stream to explore the potential for enhancing systems for research governance across the NWC, aimed at facilitating smoother working between the NHS, University and Industry sectors
- Investing in strategic initiatives to support the further development of three new innovation campuses (Liverpool, Alder Hey and Lancaster) across the NWC
- Establishing interdisciplinary NHS /university Communities of Interest, to bring together staff across the NWC working in or leading on research, innovation, service delivery or other activities within our key themes
- Establishing a customer relationship management database tool to provide us with a structured framework for Industry engagement
- Establishing a framework for liaison and joint initiatives with all four LEPs, initially to support SME engagement with the Network

As well as implementing these initiatives across the NWC, the AHSN has played a leading role in establishing the network of Northern AHSNs, and in supporting the establishment of the Northern Health Science Alliance, both of which offer important opportunities for the NWC to lead and/or participate in large-scale initiatives across the North of England.

Performance Highlights: Case study 3

ENGAGEMENT WITH INDUSTRY/SUPPORT TO SMES

The NWC AHSN is committed to promoting a vibrant economy through investment, innovation and sustainability of employment.

The AHSN's aspirations are fully aligned with those of "Innovation, Health and Wealth". Additionally, the NWC region includes some of the most deprived areas in the UK, and the AHSN is particularly committed to bringing investment and jobs into the region, as improvements in the material wealth of our residents will also reap benefits in terms of physical and mental health gains.

In addition to working with large business, the AHSN has a work-stream dedicated to developing and supporting SMEs in its footprint. There are a number of reasons why this is critical to the AHSN's workplan:

- SMEs have the flexibility and creativity to respond quickly to the challenge of providing new technologies;
- There is probably more capacity for local employment to emanate from expanding SMEs;
- SMEs have chosen to locate in the area often because they have strong loyalties and affinities to the area.

Working directly with SMEs is a largely new undertaking for the NHS, and to ensure the AHSN had the requisite resources and capacity a number of key actions were taken:

- A strategic decision was taken to locate the AHSN at Sci-Tech Daresbury, a STFC funded internationally-recognised facility which is home to 400 scientists and over 100 high-tech companies with strong links to leading UK and international universities and companies
- Two industry analysis reports were commissioned from different organisations, enabling the AHSN to fully appreciate the number and type of SMEs in its region
- The AHSN provided four SME "Meet the Experts" events where regional industrial partners could obtain advice on issues such as IP, commercial development, grants and funding and NHS procurement rules
- The AHSN has provided a number of companies with the opportunity to "road test" their products in real NHS contexts, recognising that the task of commercially developing a healthcare product is assisted when it has a track record of application in the NHS
- The AHSN ran a mini-competition for SME support services and contracted with Medilink North West to provide a package of support and opportunity to regional businesses, including the "Pilot Adoption Project", in which three companies have been provided with a high level of input to bring their product to market, the development of an electronic "innovation pipeline to assist would-be innovators and product developers to identify sources of funding and support
- The AHSN provided funding support to four SMEs which were unsuccessful in securing RIF funding

Financial Report

In the first year of the AHSN, the initial priority has been to build the infrastructure to catalyse partnership working. The financial report provides a high-level summary of how public funds have been deployed to build the partnership platform and, furthermore, how funds have been allocated against the Network's strategic priorities.

The first year of the AHSN has seen some slippage in expected expense due to the late arrival of employed staff. This has given the AHSN the opportunity to run a process to determine and allocate funding streams to infrastructure projects that will bring benefits across the region over the next five years.



Expenditure 2013/14

PRIORITY	FINANCIAL ALLOCATION (£)	HOW THE FUNDS WERE DEPLOYED
1. Developing the infrastructure to catalyse partnership working	278,983	Salaries of Core Staff
2. Funded infrastructure projects*	1,970,464	Liverpool Big Data Collaboration Lancashire Patient Record Exchange Service Liverpool Bio Innovation Hub* Alder Hey Institute in the Park Telehealth adoption study - University of Cumbria and CSC Inward Investment Scheme for SMEs* Establishment of an investment fund Health economics post-doctoral fellow Entrepreneur in residence On-line pre-operative screening Paediatric neuroradiology Pre-operative diabetes management
3. Basic running costs of the organisation	76,522	Computer Hardware, Licences and Software, Telecoms, Website Maintenance and Design, Staff Travel
4. Events to encourage partnership working	83,939	Launch Event, Academic Summit, International Festival of Business, European Year of the Brain Conference, Digital Conference
5. Accommodation and associated costs	86,591	Cleaning, Rental, Photocopier, Office Equipment, Stationery
6. Other expense	1,009,254	Hosting Costs, Audit Costs, Legal Advice, Comms, PR and AQuA Fees.

*Match Funding

The total match funding raised in 2013/14 is £195,000. Four of the infrastructure investment projects were match-funded by the LEPs raising a total match fund of £130,000, which is in addition to match funding raised for a joint communications service between the AHSN and Liverpool Health Partners of £40k and match funding from CSC for telehealth evaluation, with Cumbria University of £25k. This funding does not accrue to the AHSN budget but will be used in the region for development/ maintenance of jobs and evaluation and development of projects.

As well as making a number of strategic partnerships and match funds, the AHSN has also raised income in 2013/14 which is outlined below. Again, the membership fee income is reinvested into service improvement activities for the region and is not held in AHSN funds.

Income raised

Income source	Amount(£)
Membership fees	820,000
HIEC conclusion work	35,000
Salary recharges (part year effect)	3,000
Regional Innovation Fund income	62,500
Total	920,500

Appendix 1: Performance against the contract schedule agreed with NHS

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
1	Health Inequalities	Identify and address unmet need	To explore three priority improvement areas each year for potential service improvements through research, innovations and development of best practice, which will feed into a pipeline of approved innovations and service improvements to be adopted by AHSN members	<p>Methodology for access to high quality services agreed</p> <p>Create and agree 2 position statements on health inequalities and access to high quality health services</p> <p>Agree 3 priority improvement areas for 2014/15</p> <p>Identify 2+ AHSN approved innovations and service improvements.</p>

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
2	Spread of Innovation	Speed up adoption of innovation	To implement a pipeline of innovations and service improvements consistently across the NWC region that delivers improvements in health inequalities and access to high quality services	<p>Train Innovation leads</p> <p>Establish Innovation Collaborative</p> <p>Implement 2 AHSN approved innovations/ service improvements</p> <p>Consult on CQUIN commitment to adoption</p>

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
A	308		<p>Extensive health inequalities analysis work undertaken by AQuA - NWC AHSN's service improvement and analytics partner.</p> <p>Improvement areas have been agreed with the newly established CLAHRC NWC AHSN industrial sector.</p> <p>A large number of priority areas funded and three companies identified for support.</p>

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
B, C	272		<p>AQuA delivering training according to an agreed programme, which will deliver an "Advanced Innovation Practitioner" (AIP) in every NHS organisation in the NWC area over a two year cycle.</p> <p>The AIPs are networked in an improvement community.</p> <p>Communities of Interest established for all lead/key areas.</p> <p>AHSN ran a competitive process in which three companies will receive in depth support from the AHSN and its delivery partners to deliver three innovations to the health-care market.</p> <p>Individual and consortium meetings held with CCGs to establish a range of incentives and levers and work in partnership to shape the innovation</p>

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
3	Research Development	Identify and enable research	To support the newly established Clinical Research Network (CRN) to deliver, through helping to standardise the set-up and operation of research studies across the region; thereby creating optimum conditions for industry and academia to work with the NHS to deliver research in the NWC region	<p>Working group established</p> <p>Agree costing model for research</p> <p>Commence development standardised approach to research governance</p> <p>Develop single source of patient trial recruits</p>

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
4	Wealth Creation	Wealth creation	To create wealth and jobs in the NWC region through inward investment, exporting health innovations and expertise and collaborating with industry	<p>Establish 'Innovation Express' information and advice service, primarily via contract with Medilink. IT support solution now prototyped ready for full implementation in 2014/15</p> <p>Implement CRM to support interactions with industry.</p> <p>Develop Terms of Reference for Innovation Forum</p> <p>Deliver NWC Innovation Expo</p> <p>Establish IP collaborative for lead areas of expertise Identify interested parties for Knowledge Exchange fellowships</p> <p>Support high impact business cases</p> <p>Identify long list of potential corporate deals</p>

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
C, D	55		The measures around costing models and recruits has been slowed down due to the delay in the establishment and the cut to the funds of the CRN. These discussions will start when full staffing structures have been established.

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
C, D	313		<p>A number of elements already in place. CRM implemented with around 80 contacts in industry alone. Its success was demonstrated recently with almost 20 bids to the RIF being submitted by industry partners in association with the NWC AHSN, who were alerted to the opportunity via the AHSNs contacts network.</p> <p>Communities of Interest established for all lead/key areas with ToRs.</p> <p>Delivered by Medipex under contract to the AHSN on 3 and 4 March. IP advice gained and approach drafted for approval.</p> <p>Potential applicants identified.</p> <p>AHSN has supported a number of infrastructure projects across the region.</p> <p>AHSN has signed a number of agreements with commercial companies to explore future product testing/ working arrangements.</p>

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
5	Engage Locally and Nationally	Engage locally and nationally	To provide overall co-ordination of engagement with local and national stakeholder organisations to develop buy-in to NWC AHSN plans and progress	Write draft Annual Report Publish Annual Report Refresh Business Plan Put measurements and scorecard in place.

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
6	Telehealth/ care/ medicine	Telehealth/ care/ medicine	To support the spread of the telecare and telehealth capabilities and expertise developed in Merseyside through the Mi project (Liverpool's DALLAS community) and other exemplars more widely across the NWC region, and beyond to other AHSN regions and internationally	Share Mi expertise Evaluate current DALLAS innovations and service improvements for AHSN adoption Establish tele-medicine expertise to support the lead area

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
7	Infection and Tropical Disease	Infection and tropical disease	To use the expertise and capabilities in the NWC region around infection and tropical disease to improve how infection is managed across the NWC region, and beyond to other AHSN regions and internationally	Share infection and tropical disease expertise with Innovation Collaborative Evaluate current infection and tropical disease innovations and service improvements for AHSN adoption

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
C, D	212		<p>Complete scorecard on progress against metrics now a standing item on the NWC AHSN Board agenda and a Business and Performance Committee has been established.</p> <p>The AHSN Medical Director has established a standing "Academic Summit" which brings together regularly senior academics and decision makers from the NWC region's nine HEIs.</p> <p>AHSN launch event and exhibition took place on 12 March and a digital health event in collaboration with KTN was held on 28 March.</p>

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
A,B,C,D	51		<p>Launch event used Mi as a case study and a group has been established to share learning and adoption.</p> <p>NWC AHSN has joined the European Connected Health Alliance which focusses on e and m health solutions and will establish its own m-health Eco-System in Q2 14/15</p> <p>The AHSN is a partner in a European Procurement Project - "Stop and Go" on behalf of the DH for digital health technologies.</p> <p>NWC AHSN Director of Innovation, Nursing and AHPs is on the Technology Enabled Care Forum, and co - chair (with the commercial director of the ABHI) of the national task and finish steering group for procurement which will feed into the Technology Enabled Care Services delivery plan for 2014 -17.</p>

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
A,B,C,D	51		<p>Communities of Interest established for all lead/key areas.</p> <p>This will form part of the Community of Interest activities in 2014/15.</p>

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
8	Personalised Medicine	Personalised Medicine	To use the expertise and capabilities in Liverpool around personalised medicine to reduce admissions to hospital from adverse reactions to drugs across the NWC region, and beyond to other AHSN regions and internationally. This will include the development of technologies to support the wide scale implementation of personalised medicine	Share personalisation medicine expertise with Innovation Collaborative Evaluate current personalised medicine innovations and service improvements for AHSN adoption

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
9	Neurological Conditions	Neurological Conditions	To use the expertise and capabilities in the NWC region in neurological conditions to decrease inequalities in access to effective, efficient and person centred treatments and services for people with neurological conditions, and to influence and inform practice throughout the UK and further afield	Share expertise on neurological conditions with Innovation Collaborative Evaluate current innovations and service improvements in neurological conditions for AHSN adoption

NO	OVERARCHING PROGRAMME	PROJECT TITLE	PURPOSE	HEALTH OR WEALTH DELIVERY FOR MARCH 2014 (Y1)
9	Procurement	Procurement	Facilitate the sharing of knowledge and expertise to the AHSN Network of Networks	Use the expertise of the North West Procurement Group to share knowledge and expertise

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
A,B,C,D	51		Genomics Advisory Groups established with key partners.

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
A,B,C,D	51		Shared work with the CLAHRC NWC is being developed and will be disseminated by the AHSN.

CORE OBJECTIVE (A,B,C,D)	ASSOCIATED AHSN NHS ENGLAND FUNDING (£K)	RED, AMBER, GREEN (MARCH 2014)	COMMENTS
B, D	TBC		<p>NWC AHSN formally identified as the system support.</p> <p>Procurement used as a case study at the AHSN launch.</p> <p>Development, of a national working party has been set up under the leadership of the NWC AHSN, with a commitment by the DH to fund a Procurement Improvement Manager for every AHSN.</p>

Appendix 2: The Board

NWC AHSN Senior Team	
Gideon Ben-Tovim Bruce Ash Dr Liz Mear Philip Dylak Professor John Goodacre Lorna Green	Chair Vice Chair/ABHI Representative Chief Executive Director of Innovation, Nursing & AHPs/ Deputy Chief Executive Medical Director Commercial Director
Host Authority Representative	
Professor Heather Tierney - Moore Kathryn Moorby	Chief Executive, Lancashire Care NHS FT Accountant
CCG representatives x4	
Dr Alex Gaw Dr Andy Davies Katherine Sheerin Dr Umesh Chauhan	Chair, Lancashire North CCG Chair, Warrington CCG Chief Officer, Liverpool CCG Research Lead, East Lancashire CCG
NHS England Local Representatives	
Dr Jim Gardner Dr Alison Rylands Clare Duggan TBC	Medical Director, NHS England, Lancashire Assistant Medical Director, NHS England, Cheshire, Wirral and Warrington (Specialised Commissioning) Accountable Officer, NHS England, Merseyside NHS England, Cumbria
NHS Provider Representatives (2 Lancashire and South Cumbria, 2 Cheshire and Merseyside)	
Karen Partington Sheena Cumiskey Tracy Bullock Jackie Daniel	Chief Executive, Lancashire Teaching Hospitals NHS FT Chief Executive, Cheshire & Wirral Partnership NHS Trust Chief Executive, Mid Cheshire Hospitals NHS FT Chief Executive, University Hospitals Morecambe Bay NHS FT
University Representatives (1 Lancashire and South Cumbria, 1 Cheshire and Merseyside)	
Professor Tony Gatrell Professor Ian Greer	Dean Faculty of Health and Medicine, University of Lancaster Executive Pro-Vice-Chancellor, Faculty of Health and Life Sciences University of Liverpool
Local Education and Training Board (LETB)	
Kathy Thomson	Chief Executive, Liverpool Women's Hospital

North West Coast Clinical Research Network Representatives

Professor Kenneth Wilson
Mr Aidan Kehoe

Medical Director
Chief Executive (RLBH NHS FT) host organisation for CRN

NIHR CLAHRC North West Coast Representatives

Professor Mark Gabbay
Dr Jane Cloke

Director, NIHR CLAHRC North West Coast
Assistant Director & Programme Manager, NIHR CLAHRC NWC

North West Focused Industry Representatives

Bruce Ash
Harriet Lewis

ABHI Representative and NWC AHSN Vice Chair
Association of the British Pharmaceutical Industry

Patient and Community Involvement Representatives

Kathy Hull
Jim Wilson
Joan Smith

Executive Officer, Healthwatch, Liverpool
Chair, Healthwatch, Halton
Partnership Development Manager, Self- Management UK

Liverpool Health Partners Representative

Rosalind Way

Director of Operations, Liverpool Health Partners

Lancashire Hub

VACANCY

Representatives of the LEP for each geographical area

Alan Welby
Francis Lee
Andy Walker
TBC

Chief Officer, Liverpool LEP
Chief Officer, Cheshire and Warrington LEP
Chief Officer, Lancashire LEP
Cumbria LEP

Public Health England

Melanie Sirotkin

Public Health England, Knowledge and Intelligence Team (North West)

Health Education England

Laura Roberts

Health Education England North West

Appendix 3 - Leadership Team



Gideon Ben-Tovim, OBE - Chair

Hon Senior Fellow in the University of Liverpool Dept. of Sociology where he chairs the Liverpool Institute for Health Inequalities Research. Former Chair of NHS Merseyside, Deputy Chair of the Mayor of Liverpool's Health Commission, and Chair of the Liverpool City Region Local Nature Partnership.



Bruce Ash - Vice Chair

Extensive experience in the healthcare and medical device sectors, who has successfully managed change and developed small and medium sized organisations. Advisor to The Association of British Healthcare Industries, past Chairman of Medilink North West, and Vice Chair of the NHS National Technology Adoption Centre until its transfer into NICE.



Dr Liz Mear - Chief Executive

Previously Chief Executive of the Walton Centre NHS Foundation Trust. Held Director roles in NHS acute, mental health and ambulance service sectors. Worked in local government for 17 years in senior customer service roles, and as a Senior Management Consultant for Vantagepoint Consulting. Former Chair of Cheshire and Merseyside Comprehensive Local Research Network, Board member of the Health Services Research Network, Honorary lecturer at Edge Hill University.



Philip Dylak - Director of Innovation, Nursing & AHPs/Deputy Chief Executive

Previously Director of Nursing for an acute NHS Trust and a Foundation Trust, a Research Associate at AQuA, an R&D manager, a directorate general manager. Instrumental in establishing both North West AHSNs.



Lorna Green - Commercial Director

Worked as a dietician, and for Fresenius-Kabi, Vernon-Carus, Healthcare Enterprise Group and Phagenesis in senior sales, marketing and business development roles. Became a healthcare business consultant, working with SMEs, shaping business plans and securing venture capital investment. Has commercialised over 40 new healthcare products and technologies in theUK and internationally.



Professor John Goodacre - Medical Director

Led the development of the Lancaster Health Hub, an academic health partnership between Lancaster University and local NHS Trusts, enabling the growth of locally-led clinical research. Professor of Musculoskeletal Science and Honorary Consultant in Rheumatology at Blackpool Teaching Hospitals NHS FT. Leads the NIHR Cumbria & Lancashire Musculoskeletal Specialty Group.

Appendix 4 – Campaign Plan

CAMPAIGNS 2014 - 16	OUTCOME	PARTNER
1. Reducing stroke due to Atrial Fibrillation (Neuro)	<ul style="list-style-type: none"> • Decrease healthcare spend • Decrease the number of strokes • Increase wealth / sustainability of employment for residents/ carers 	<ul style="list-style-type: none"> • Advancing Quality Alliance (AQuA) • Strategic Clinical Networks • Healthwatch • CCGs
2. Develop and disseminate good procurement practice (Procurement)	<ul style="list-style-type: none"> • Improve the procurement process for innovative products • Improve the business environment for SMEs working in health care 	<ul style="list-style-type: none"> • North West Procurement Development Service • Partner AHSNs
3. IT / Patient record integration (System Integrator)	<ul style="list-style-type: none"> • Consistency and sharing of data for treatment and research • Use of 'Big Data' to reduce healthcare appointments, improve quality of life for residents and decrease costs to the NHS 	<ul style="list-style-type: none"> • Liverpool Big Data • Health Economics Research Centre • Lancs Patient Record Exchange Service • Liverpool Health Partners
4. New model of specialised services (System Integrator)	<ul style="list-style-type: none"> • Decreased costs - less visits to hospital (Telehealth) • Decreased duplication of service 	<ul style="list-style-type: none"> • Specialised Commissioners • AQuA
5. Digital health develop and spread (Telehealth)	<ul style="list-style-type: none"> • Doctors use tele-health (which results in a decrease in hospital appointments) • Management of Long-Term/ self-care decreases visits to health care settings and reduces costs 	<ul style="list-style-type: none"> • More Independent • European Connected Health Alliance • Technology Enabled Care Board
6. Develop pathways and good practice for medicines safety and effective prescribing (Patient Safety)	<ul style="list-style-type: none"> • Decreased costs due to failed treatment/ wasted drugs within the context of Pharmaceutical Price Regulation Scheme • Increase in sustainability of employment • Change in education and training leading to better practice • Improved compliance with National Institute for Health and Care Excellence (NICE) guidance and Medicines Optimisation 	<ul style="list-style-type: none"> • Association of the British Pharmaceutical Industry (ABPI) • NICE
7. Creating wealth by achieving grant funding and jobs for the region (Create wealth)	<ul style="list-style-type: none"> • Funding drawn into region from a range of sources • Increased numbers of jobs • Increased research funding enables more evidence-based practice to be disseminated across the region and beyond 	<ul style="list-style-type: none"> • Consultancy support • Local Enterprise Partnerships • Voluntary and community sector • AQuA • ABHI/ABPI • British In Vitro Diagnostics Association
8. Develop an innovative culture across the region	<ul style="list-style-type: none"> • Identification of regional areas of need for application of innovative solutions • Patients / residents / service users get early benefits of innovation with a particular emphasis on more disadvantaged groups • Each organisation prioritises innovation 	<ul style="list-style-type: none"> • AQuA • UKTI / Healthcare UK • Industry

Annex 7. Partner and Members

Partners

Trusts and Foundation Trusts

Aintree University Hospital NHS FT
 Alder Hey Children’s NHS FT
 Blackpool Teaching Hospitals NHS FT
 Calderstones NHS FT
 Cheshire and Wirral Partnership FT
 Clatterbridge Cancer Centre NHS FT
 Countess of Chester NHS FT
 Lancashire Care NHS FT
 Lancashire Teaching Hospital NHS FT
 Liverpool Community Health NHS Trust
 Liverpool Heart and Chest NHS FT
 Liverpool Women’s NHS FT Mersey Care NHS Trust
 Mid-Cheshire Hospitals NHS FT
 Royal Liverpool and Broadgreen University Hospitals NHS Trust
 St Helens and Knowsley NHS Trust
 Southport and Ormskirk Hospital NHS Trust
 The Walton Centre NHS Foundation Trust
 University Hospitals Morecambe Bay NHS FT
 Warrington and Halton NHS FT
 Wirral Community NHS Trust Wirral University Teaching Hospital NHS FT
 5 Boroughs Partnership NHS FT
 Cheshire, Warrington and Wirral Area Team
 Lancashire Area Team
 Merseyside Area Team

Clinical Commissioning Groups

Blackburn with Darwen
 Blackpool
 Chorley and South Ribble
 East Lancashire
 Greater Preston
 Halton
 Knowsley
 Lancashire North
 Liverpool
 St Helens
 Sefton
 South Cheshire
 Southport and Formby
 Warrington
 Western Cheshire
 West Lancashire
 Wirral
 Fylde & Wyre
 Vale Royal

Universities

University of Central Lancashire
 University of Chester
 University of Cumbria
 Edge Hill University
 University of Lancaster
 Liverpool Hope University
 Liverpool John Moores University
 Liverpool School of Tropical Medicine
 University of Liverpool

Members

ABHI (North)
 ABPI (North)
 Advancing Quality Alliance (AQuA)
 Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network
 Cheshire and Mersey Strategic Clinical Network
 Health Education North West

Liverpool Health Partners
 North West Ambulance NHS Trust
 North West Coast Healthwatch Organisations
 NIHR CLAHRC NWC
 North West Coast Clinical Research Network
 North West Leadership Academy
 Self Management UK
 Liverpool Local Enterprise Partnership (LEP)

Cheshire and Mersey Local Enterprise Partnership (LEP)
 Lancaster Local Enterprise Partnership (LEP)
 Cumbria Local Enterprise Partnership (LEP)
 Lancaster Health Hub
 Network of public health directors
 Network of NWC Healthwatch

Appendix 6 – Glossary

Area Team (AT). NHS England has 27 ATs which act as one single organisation operating to a common model with one board. The ATs commission specialised services, primary care services, offender healthcare and services for members of the armed forces. They came into being from April 2014. The relevant ATs for the NWC region are Cheshire, Warrington and Wirral AT, Lancashire AT, Merseyside AT and Cumbria Northumberland and Tyne and Wear AT.

Association of the British Healthcare Industry (ABHI). The industry association for the medical technology sector in the UK.

Academic Health Science Network (AHSN). Set up to drive innovation at pace and scale. They are regional NHS led Networks with universal participation by all NHS organisations within their region and have very close links to universities, industry and other organisations and partners.

Advancing Quality Alliance (AQuA). A membership body based in the North West of England which aims to improve the quality of healthcare.

Clinical Commissioning Group (CCG). Groups of GP Practices which are responsible for commissioning most health and care services for patients.

Collaboration for Leadership in Applied Health Research and Care (CLAHRC). CLAHRCs are collaborative partnerships between a university and the surrounding NHS organisations. They undertake high-quality applied health research focused on the needs of patients and support the translation of research evidence into practice in the NHS. Thirteen new collaborations, funded by NIHR from 1 January 2014, have been announced including one for the NWC region.

Company limited by guarantee (CLG). A not-for-profit company with members rather than shareholders. Shares are not issued and there is no share capital; it is not intended to grow in value. Members instead have a guarantee agreement to provide a nominal amount, e.g. £1, in the event that the company is liquidated. The company is run as a business with the rights to employ staff. Directors are appointed by the members, and are subject to a similar duty of care as a director of a company limited by shares.

Comprehensive Local Research Network (CLRN) - There are 25 CLRNs which cover the whole of England by region and together form the NIHR Comprehensive Clinical Research Network (CCRN). CLRNs are locally based Research Networks which coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community. These will be transition into 15 Local Clinical Research Networks (LCRN.) from April 2014.

Commissioning for Quality and Innovation (CQUIN) - The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Delivering Assisted Lifestyles Living At Scale (DALLAS). A programme developed by the UK's innovation agency, the Technology Strategy Board and jointly funded by the National Institute for Health Research and the Scottish Government. DALLAS is aimed at transforming the lives of people through the development and use of innovative technology products, systems and services to improve well-being and increase independence. Mi, is Liverpool's DALLAS community, and was successful in securing one of the four partnerships that would deliver DALLAS.

Foundation Trust (FT). These were created to devolve decision making from central government to local organisations and communities. They provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay.

Health Education North West (HE NW). The Local Education and Training Board (LETB) for the North West and part of Health Education England. HE NW provides a forum for providers and professionals to work collectively to improve the quality of education and training outcomes within the NW region, and meet the needs of service providers, patients and the public.

Higher Education Institutions (HEI). A university or college of higher education.

Health Innovation and Education Cluster (HIEC.) - HIECs were created in 2009/10 to enable collaborative partnerships between NHS organisations, academia and industry. The aim was to transform healthcare and drive up quality in order to continually improve patient care, safety, outcomes and experience.

High Impact Innovation (HII.). The six 'game changing' proven national innovations - Child in a chair in a day, International and commercial, Digital first, 3 million lives, Intra-operative fluid management, Support for carers of people with dementia.

Intellectual Property (IP). Products of innovative and intellectual or creative activity and can include inventions, industrial processes, software, data, written work, designs and images.

Knowledge Transfer Partnership (KTP). A relationship formed between a company and an academic institution, which facilitates the transfer of knowledge, technology and skills to which the company currently has no access. There are currently 800 Partnerships across the whole of the UK. KTPs are currently funded by fifteen Government organisations led by the Technology Strategy Board.

Each Partnership is part-funded by Government with the balance of the costs coming from the company partner.

Lancaster Health Hub (LHHub). A strategic partnership between Lancaster University, six NHS Trusts and the University of Cumbria to drive locally-led NHS/University collaboration in research and innovation, to develop infrastructure and capability, to deliver programmes for professional and organisational development, and to engage with Industry and with other large multi-partner networks nationally and globally.

Local Clinical Research Network (LCRN.) - From April 2014 the NIHR Clinical Research Network (CRN) will comprise 15 NIHR LCRNs. The boundaries of these NIHR LCRNs will be based on the geographical footprint of the AHSNs. Each NIHR LCRN will provide support for all therapy areas or clinical "themes" and will cover both commercial and non-commercial research.

Local Enterprise Partnership (LEP). Partnerships between local authorities and businesses. They decide what the priorities should be for investment in roads, buildings and facilities in the area. LEPs can apply to become an Enterprise Zone. These zones can take advantage of tax incentives and simplified local planning regulations. Local Education and Training Board (LETB). - Hosted by Health Education England and will bring education, training and development together locally in order to improve the quality of care and treatment of patients through the development of skills and values for staff. All providers of NHS services will need to be a member of, and be involved with the work of the LETB. The LETB for the NWC region is HE NW.

Liverpool Health Partners (LHP). An Academic Health Science System that brings together expertise from within the University of Liverpool, The Liverpool School of Tropical Medicine and seven local NHS Trusts to help ensure that medical research breakthroughs lead to direct clinical benefits for patients.

Local Workforce and Education Group (LWEG). Responsible for workforce planning and education commissioning within their localities.

Medilink. Medilink UK, a national network of Medilink partners working to improve innovation and technology transfer in the UK healthcare sector. In the NWC region Medilink North West is a membership-based professional organisation with a remit to stimulate growth and innovation in the medical and health technology sector throughout the North West.

MIMIT. This is a collaboration of the University of Manchester and Greater Manchester NHS and Primary Care organisations. It brings clinicians, scientists, engineers and industry together to develop innovative technology for patient benefit.

National Institute for Health and Care Excellence (NICE). Provides national guidance and advice to improve health and social care.

National Institute of Health Research (NIHR). A large, multi-faceted and nationally distributed organisation, funded through the Department of Health to improve the health and wealth of the nation through research.

NHS England. Formerly established as the NHS Commissioning Board in October 2012, NHS England is an independent body, at arm's length to the government. Its main role is to improve health outcomes for people in England. It will provide national leadership for improving outcomes and driving up the quality of care, oversee the operation of clinical commissioning groups, allocate resources to clinical commissioning groups, commission primary care and specialist services.

NorthWest EHealth (NWEH). A partnership between the University of Manchester, Salford Royal Foundation Trust and Salford Clinical Commissioning Group (formerly NHS Salford). It was set up in 2008 to develop links between academia and the NHS in the area of health informatics and develop new research using anonymised patient

records to support improving healthcare. Both GM AHSN and NWC AHSN are involved in NWEH.

North West Leadership Academy. Was established in 2007 to provide current effective leadership programmes, products and support to help NHS NW leaders face and overcome the challenges that come their way. There are over 80 NHS member organisations from the North West and the Academy has provided development support to over 6,000 people.

Quality-adjusted life year (QALY). A standard and internationally recognised method to compare different drugs and measure their clinical effectiveness. A QALY gives an idea of how many extra months or years of life of a reasonable quality a person might gain as a result of treatment (particularly important when considering treatments for chronic conditions). Cost effectiveness is calculated by understanding how much the drug or treatment costs per QALY and is expressed as "£ per QALY".

Return on Investment (ROI). A performance measure used to evaluate the efficiency of an investment or to compare the efficiency of a number of different investments. ROI is expressed as a percentage or a ratio and the formula is: $ROI = (\text{Gains from investment} - \text{Cost of investment}) / \text{Cost of investment}$

Small Business Research Initiative (SBRI). This programme, facilitated by the Technology Strategy Board, is designed to help SMEs gain greater access to publicly funded research and development contracts. Through the SBRI SMEs are invited in to present innovative solutions to specific problems in a competition format. The ideas presented can result in 100% funded government development contracts with the public sector body running the competition. Since inception in 2009, the scheme has run 124 full competitions, resulting in 1270 contracts awarded to SMEs at a total value of £104.8 million.

Small and Medium Enterprise (SME). An organisation with less than 250 employees.

Specialised Services Commissioning Innovation Fund (SSCIF). Will open for business 2 September 2013, and will specifically focus on innovations in those clinical areas that are defined as prescribed specialised services commissioned directly by NHS England. It will transform the way that new innovations are identified, tested and adopted.

Strategic Clinical Networks (SCNs). NHS England has been hosting a category of clinical networks entitled Strategic Clinical Networks (SCNs) since April 2013. These networks will work across the boundaries of commissioning and provision, as engines for change in the modernised NHS. The emphasis is on SCNs being one element of the new system that will support commissioners with their core purpose of quality improvement and ultimately the achievement of outcome ambitions for patients. SCNs will sit alongside a system of Operational Delivery Networks (ODNs) and Clinical Senates.

Technology Transfer Offices (TTOs). Commercialise research and technologies developed through the HEI that owns them through, for example, licensing the use of our technologies to a third party, using joint ventures to develop innovations further and investing in spin-out companies which frequently retain close links to the HEI.



NORTH WEST COAST
ACADEMIC HEALTH
SCIENCE NETWORK