The AHSN Network

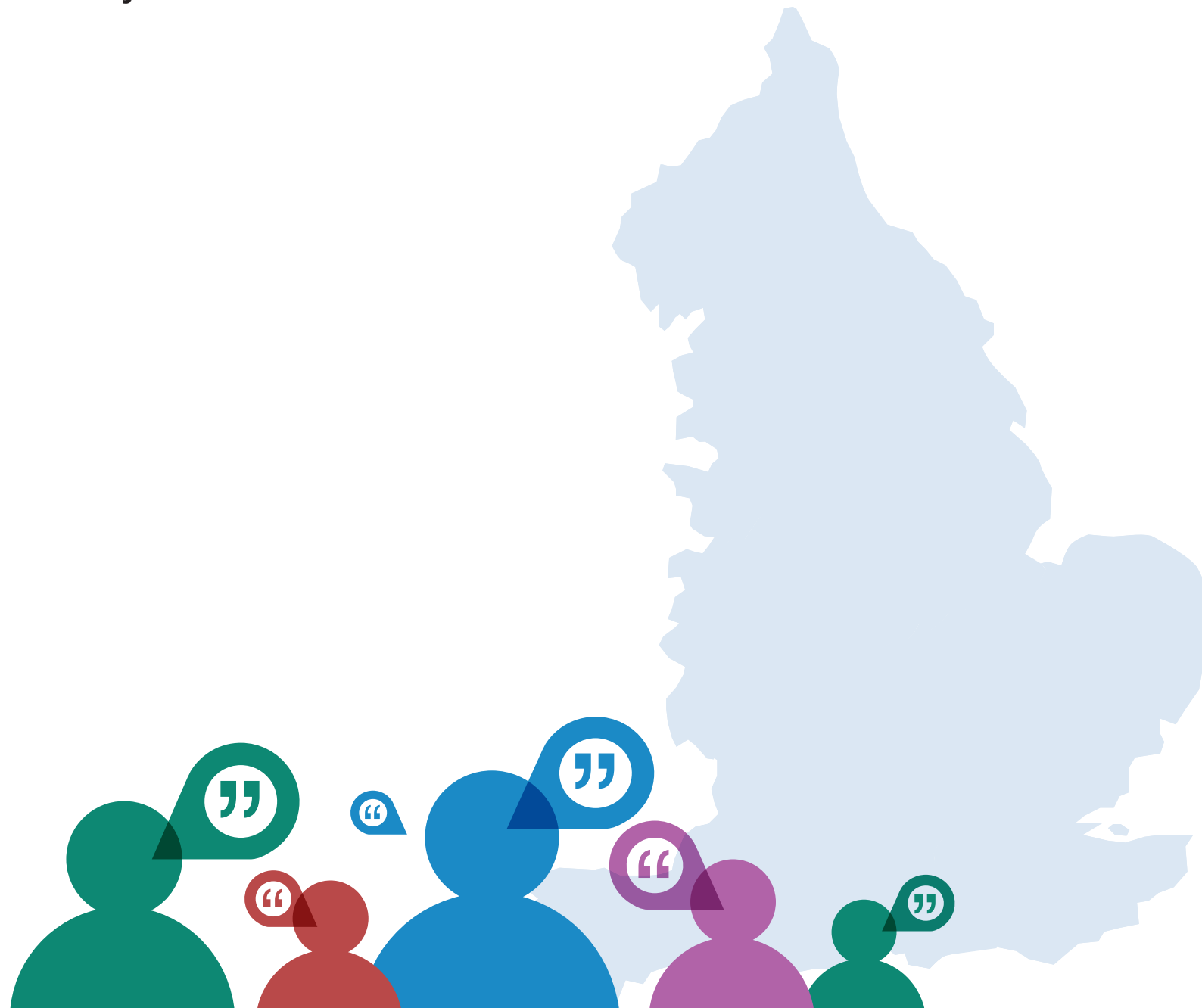
NHS Clinical Commissioners

The independent collective voice of clinical commissioning groups

Supporting strategic commissioning

Collaborative working between CCGs and AHSNs

May 2017



Foreword

The commissioning landscape is evolving with sustainability and transformation partnerships (STPs) and new models of care bringing increased scope for collaboration across health and care. In many cases the role that clinical commissioning groups (CCGs) play in the system is changing – something that we've outlined in *The future of commissioning*[1] and was highlighted again in the recent *Next steps on the NHS five year forward view*.

However, CCGs will remain responsible for and are working hard to achieve the best possible healthcare for their local populations and patients. In order to continue to do so and develop this role, they need increased analytical capacity to scrutinise evidence and information, links with industry to develop and implement innovative approaches, especially the use of digital technologies, and the ability to evaluate and translate the latest research into practical actions. With flat-funding for administrative costs, and external increasing pressures on CCG finances, commissioners now need to look externally.

The case studies throughout this report demonstrate how CCGs are already benefiting from the expertise that academic health science networks (AHSNs) bring to support their strategic commissioning and the delivery of outcomes focussed patient care that uses innovative approaches informed by the latest evidence available. They also show that AHSNs, through their partnerships with local industry, act as a conduit that can allow for the development of bespoke solutions that will improve the delivery of care for local populations.

As *Next steps on the NHS five year forward view* identifies, we can only deliver a sustainable and transformed NHS through collaboration, working across local systems and organisational boundaries. CCGs as leading players in STPs can draw upon AHSNs' experience in spreading approaches across wider footprints and sharing best practice across regional geographies, translating these to take local circumstances into account.

This report reaffirms the beneficial partnerships that exist between CCGs and AHSNs across the country. Where these are not already in place we hope this will give CCGs a greater understanding of the capability and capacity of AHSNs, inspiring them to develop new relationships and collaborate closer with their local AHSN to the benefit of their local patients and populations.

Dr Amanda Doyle, NHSCC Co-Chair

Dr Graham Jackson, NHSCC Co-Chair

1 NHSCC (2016), *The future of commissioning*

Foreword

On behalf of the AHSN Network – a collaboration of England's 15 AHSNs – I warmly welcome this document, which outlines the strength and breadth of our support that can help CCGs to address local challenges and unlock the potential for innovation to drive transformation.

Since our creation in 2013 the AHSNs have developed strong local and national networks spanning all key sectors; taking in NHS and social care organisations, academic and research institutions, third sector, patient groups and healthcare industry.

In particular our roles as 'honest brokers' between industry and the NHS are proving extremely valuable to commissioning organisations; developing mutually beneficial collaborations with commercial partners through Innovation Exchanges that signpost proven solutions to the gaps you are facing. We are highly flexible organisations that quickly adapt and respond to the needs of our local populations and our health and care partners.

For example, since 2013 we have been instrumental in the adoption and spread of more than 220 innovative devices, tools, systems, apps and processes in over 11,400 sites around the country. For more about the innovations being spread at pace and scale within the NHS with our support, please visit the AHSN atlas of solutions in healthcare website.

NHS England's recently published *Next steps on the five year forward view* sets out the roles that AHSNs will continue to play in supporting commissioners to create the sustainable NHS of the future. In particular it recognises how our experience, expertise and knowledge can assist STPs with issues such as demand moderation, system flows, quality and safety improvement and accelerating the deployment of new technology. Our partnerships with test beds, vanguard sites and primary care will all be crucial as the health and care system evolves and moves towards greater sustainability with new models of care.

Since 2013, over six million people have benefited from AHSN activity and we have leveraged more than £330 million in innovation funding to support the transformation of our local health and care systems.

There is more that we can do, and I would encourage you to use this document to identify how we could assist your organisation – you can find more information on our website: **www.ahsnnetwork.com**

Dr Liz Mear, Chair of the AHSN Network and Chief Executive of the Innovation Agency

Introduction

Clinical Commissioning Groups (CCGs) across the country are seeing the real benefits that AHSNs can bring when they are commissioning services for their local patients and populations.

As the structures that support the delivery of NHS services evolve with the establishment of STPs and spread of new models of care, collaboration across the health and care system is becoming increasingly important. CCGs working with AHSNs can develop a culture of partnership and collaboration, speed up the adoption of innovation to improve clinical outcomes and co-develop, test, evaluate and support the early adoption of new products and services. In this way they can support CCGs to improve the quality of services, promote innovation and utilise evidence obtained from research to inform the development of transformed and sustainable health services as envisioned in the *Five year forward view*.

The case studies in this briefing demonstrate the real impact that collaboration between CCGs and AHSNs can have for local populations. This has included the reduction of anti-coagulation treatment costs by £1 million while at the same time improving patient outcomes in Newcastle; a six day fall in referral admission times for patients with acquired brain injuries in London; and the development of a platform able to predict when a patient would present at a hospital if no intervention took place in Somerset.

By working together CCGs and AHSNs can contribute to effective local health commissioning in a number of ways, including:

- developing a detailed understanding of a population's health needs through the analysis and evaluation of NHS data sets to inform commissioning decision making
- ensuring that patients receive the most innovative and up-to-date approaches to their health and treatment, improving patient outcomes and developing healthcare practice
- driving out variation in the delivery of patient services, ensuring that best practice is recognised and spread across the country
- supporting collaboration across local health systems through partnerships developed between commissioners, providers and the research community to deliver quality services for patients.

This briefing further explores how CCGs can work with AHSNs to support local strategic commissioning and provides a series of tips for CCGs when doing so.

Supporting strategic commissioning

There are a number of opportunities for AHSNs to support the strategic commissioning of services by CCGs as described below.

1 Providing capacity to support evidence and outcomes-based commissioning

To ensure they are effectively commissioning services across an area, CCGs must develop a thorough understanding of the needs of local populations and be able to evaluate the population level impact over time of commissioned services. Commissioners can draw upon the analytical capacity and skills in AHSNs to evaluate complex NHS data sets. Recent studies have shown that this is one of the key areas of support that is lacking within the NHS as a whole.[2] This would include evaluation of the effectiveness of the introduction of new care models or innovative clinical pathways.

"For CCGs, the development of a strategic approach to commissioning through an understanding of patient outcomes as a result of specific interventions will allow the needs of the population to be more effectively met – within AHSNs there exists the capacity to support this process."

Dr Adrian Hayter, Chair NHS Windsor, Ascot and Maidenhead CCG and NHSCC board member

2 Linking with industry to develop strategic approaches and solutions

CCGs are keen to implement innovative technologies to support the delivery of patient care, for example, digital applications. A CCG can utilise an AHSN's links with industry, particularly small and medium-sized enterprises (SMEs) in order to adopt and develop innovative approaches at pace and scale for the benefit of local populations. CCGs can sometimes find it challenging, particularly given financial constraints, to develop pilot programmes or proof of concepts for new systems, whereas AHSNs can either fund this directly or enter into agreement with local industry partners to do so.

"The development of technological innovations that address the clinical needs of populations will support the transformation of service delivery locally. As commissioners, the AHSNs links with the research sector and industry are vital to facilitating this process."

Dr Graham Jackson, NHSCC Co-Chair

3 Putting research into practice

The health research landscape is complex. CCGs have limited capacity to regularly monitor and engage with academic institutions to find out what is new and adopt it locally. The links AHSNs have with academia mean that they are well placed to be a bridge between researchers and commissioners, to enable research findings to inform healthcare commissioning where appropriate, either within a patient pathway or as part of wider service redesign. Commissioners can utilise partnership consortia arrangements that AHSNs have with Health Education England (HEE), the National Institute for Health Research (NIHR), Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) and others to link with the full range of research activity underway, and ensure that future projects reflect actual need. CCGs can therefore be assured that they are making commissioning decisions that are grounded in contemporary empirical research.

"The AHSN in the North West has changed its name to the Innovation Agency, which gives a clear signal both to CCGs and the local system as to what the focus of the organisation is."

Dave Horsfield, Programme Lead, Digital Care and Innovation, NHS Liverpool CCG

4 Facilitating system-wide learning and collaboration

Clinical commissioners already collaborate with neighbouring CCGs and commission services across geographic boundaries. Increasingly place-based commissioning and provision of health services is happening at a greater population and geographic scale – such as through STPs. Through collaborative research programmes across adjacent organisational and geographic boundaries and those further afield, AHSNs can spread innovative approaches and best practice at scale – potentially enabling the release of cost savings and contributing to improving patient outcomes. Examples include optimising cost efficiency in the procurement and use of medicines in the NHS, patient safety and adoption of digital technologies.

"As CCGs, whilst we may be aware of best practice in other areas, AHSNs can spread the most effective solutions by working across organisations and adapting good practice to local circumstances."

Mary Hutton, Accountable Officer, NHS Gloucestershire CCG and NHSCC board member

5 Promoting socio-economic wellbeing

CCGs are responsible for meeting the health needs of their communities and have a role to play in contributing to the social and economic wellbeing of those populations together with other public bodies. The recent NHSCC publication *Shaping healthy cities and economies: The role of clinical commissioning*,[3] showed the positive contribution that CCGs are making to support their local economies alongside local authorities. These include enabling people to stay well, ensuring a swift return to work after periods of ill health, and job creation in the local health sector or associated organisations. Similarly, AHSNs have a role to play in the promotion of economic growth within a local area, through their effective collaboration with local partners and industry. By working together, CCGs and AHSNs can directly facilitate engagement with those organisations outside the NHS, that drive local social and economic well-being.

"CCGs were not established with a specific remit around improving local health economies, however, this is something that increasingly we as whole-population commissioners find ourselves considering. AHSNs can support this through their national and international links with industry bringing economic investment and innovation funding to a local area."

Dave Horsfield, Programme Lead, Digital Care and Innovation, NHS Liverpool CCG

2 Health Foundation (2016), *Understanding analytical capability in healthcare: Do we have more data than insight?*
3 NHSCC (2016), *Shaping healthy cities and economies: The role of clinical commissioning*.

Case studies

The following case studies showcase a number of projects that are the product of joint-working between CCGs and AHSNs. These are not exhaustive and there are many other examples of work being undertaken across England. These projects are examples of how CCGs and AHSNs can work together to enable clinical commissioners to deliver their functions and activities, particularly as the role of CCGs may become increasingly strategic.

Supporting innovation in sustainability and transformation partnerships
East Midlands CCGs – East Midlands AHSN

The East Midlands CCG congress and provider trusts have worked with the AHSN to develop a targeted and responsive approach to supporting the five East Midlands STPs. This is based around the Innovation Exchange format, a facilitative process that brings together health, social care, industry, patients and the third sector to discuss common challenges and rapidly develop innovative solutions. This focused and collaborative approach allows STPs to capitalise on the AHSN's, expertise and knowledge to co-produce solutions that match proven innovations to the challenges facing patients, clinicians, providers and commissioners.

The AHSN took a lead role in identifying shared priorities across all five STPs, helping to ensure that innovative projects will be adopted and spread, where appropriate, in a coordinated way throughout the region. Through these discussions a specific priority area was identified – reducing unnecessary hospital outpatient appointments and emergency admissions with a focus on long-term conditions (LTC) specifically cardiovascular disease, respiratory disease and diabetes.

The process involves five steps:

- engagement and consultation with health and care partner organisations to address common challenges
- the organisation of a cross-sector workshop to explore the challenge and identify potential solutions
- post-workshop support to foster cross-sector collaboration
- a call for proposals with funding and support for rapid development of demonstrator sites
- the promotion, adoption and spread of the most successful approaches across East Midlands and throughout England via the AHSN network.

For LTCs the workshop took place in January 2017 and was attended by 280 people, developing over 150 potential solutions grouped into 12 specific areas. Throughout the summer of 2017 a call for proposals will be launched with close working with CCGs across the region to ensure that the most credible and effective solutions are developed and implemented.

For more information contact: Chris Hart, East Midlands AHSN Commercial Director at **chris.hart@nottingham.ac.uk**

Reducing the cost of anti-coagulant treatment

NHS Newcastle Gateshead CCG – North East and North Cumbria AHSN

In the North East the local AHSN has worked closely with Newcastle Gateshead CCG on a number of projects including on anti-coagulation treatment for patients at risk of atrial fibrillation. There is considerable cost incurred if direct oral anticoagulants (DOACs) are prescribed as opposed to the cheaper Warfarin. The challenge for commissioners and providers is that a small percentage of patients are susceptible to complications because of poor metabolism of Warfarin. The genes governing this poor metabolism can now be detected, so those patients can be identified and DOAC treatment offered. In the 90 per cent 'normal' Warfarin metabolising patients the AHSN has worked with Newcastle Gateshead CCG to facilitate a link with an industry-partner to introduce a product that allows individuals to undertake home-testing, thereby significantly reducing the need for consultations within a primary or secondary care setting. This intervention will improve patient outcomes, reduce the burden on primary and secondary care and release savings of up to £1 million for the CCG that can be spent on other interventions.

For more information contact:
Dr Seamus O'Neill, Chief Executive Officer North East and North Cumbria AHSN at **seamus.o'neill@ahsn-nenc.org.uk**

Improving the neurorehabilitation pathway

North West London CCGs – Imperial College Health Partners

The rehabilitation care pathway for acquired brain injury (ABI) patients is fragmented and difficult to navigate as it relies on access to services with multiple providers. This impedes appropriate and timely rehabilitation, negatively impacting overall patient experience and outcomes. North West London CCGs therefore asked Imperial College Health Partners (ICHP) to work with local stakeholders to find innovative solutions to the challenges.

The AHSN brought together neurorehabilitation practitioners and commissioners across the region to develop a clear narrative of the problem, securing an increase in capacity to support delivery, and developing a sustainable community network. The ICHP also facilitated the introduction of an existing technological solution to improve and accelerate the referral process and worked with providers and industry to customise this technology for the therapeutic area. This led to an improvement and standardisation of clinical information provided on referral allowing for more accurate assessments to be made. This has resulted in a reduction in referral admission times from 17.4 days to 11.4 days, in costs, by on average £1,700 per patient, and in 762 acute bed days over seven months generating £168,000 of savings. The introduction of the scheme also achieved dramatic improvements in staff satisfaction.

For more information contact: Ronke Akerele, Director of Programmes and Performance for Imperial College Health Partners at **ronke.akerele@imperialcollegehealthpartners.com**

Low cost care coordination

Kent CCGs – Kent Surrey Sussex AHSN

Support from Kent Surrey Sussex AHSN (KSS AHSN) helped CCGs in Kent reduce emergency hospital admissions by 25 per cent and improve citizen's self-assessment of wellbeing by 20 per cent. The AHSN facilitated the implementation of Age UK's low cost care coordination service developed with the South West AHSN across seven CCGs, building on the success of initial pilot areas in Kent. One of the pilot sites was commissioned as a fully-funded sustainable model of care on the basis of the results achieved.

KSS AHSN acted as the independent facilitator for discussions between local partners to resolve operational issues. Significantly the AHSN acted as the broker between CCGs and Age UK bridging the gap between the health and third sectors, often identified as a challenge for CCGs given the diversity of organisations that exist within a local area. The use of established networks allowed for connections to attract new partners to develop a holistic response for patients in the local area. The care co-ordination project sees people invited by their GP to take part in a tailored assistance programme delivered by Age UK living well coordinators who discuss what extra help patients need to get the most out of life and maintain their independence. This support varies, ranging from joining self-help groups to taking part in social activities.

Evaluation of the project has shown good results in terms of reduced emergency admissions, fewer GP attendances, improved wellbeing and financial savings. Pilot areas have targeted individuals who are at greatest risk and have delivered a return on investment of £4 for every £1 spent. A full Nuffield Trust evaluation will be released shortly.

For more information contact: Lisa James, Senior Programme Manager, Kent Surrey Sussex AHSN at **lisa.james14@nhs.net**

Healthier You: The NHS Diabetes Prevention Programme

London CCGs – Health Innovation Network (South London AHSN)

In South London, the Health Innovation Network supported 12 CCGs to bid jointly to launch Healthier You: The NHS Diabetes Prevention Programme in the local area as a first wave site and work together to achieve rapid mobilisation of the programme to reach at risk individuals across South London. Across the area, it was estimated that over 275,000 people were at risk of developing type 2 diabetes, with an expanding and diverse population requiring flexibility in delivery against a backdrop of a need for long-term sustainability given the NHS funding challenge.

The AHSN acted as the driver for the development of local partnership working which was essential to a successful bid to act as a pilot site. Southwark CCG acted as a demonstrator site for the programme and took the lead role on behalf of all parties. The subsequent governance structure for the programme was linked with the two STPs across the region, with the AHSN tasked by Southwark to bring together local stakeholders, NHS England and an independent provider to mobilise and roll out the programme to all boroughs.

By December 2016, the programme had been introduced in 11 of the 12 boroughs. By January 1 2017, 2,714 referrals had been made into the programme, with 818 individuals at risk of diabetes having attended assessments with a trained pharmacist and over 500 booked onto the nine month programme of interventions. Referrals have come from 187 different GP practices, community health check providers and two community prevention programmes. This has the potential to save the NHS and social care services between £22,798 and £113,988 (dependant on referral numbers) in the first year rising to between £76,028 and £380,141 by the third year.

For more information contact: Laura Spratling, Programme Director for Diabetes, Health Innovation Network at **lauraspratling@nhs.net**

Reducing strokes due to atrial fibrillation

East Lancashire CCG – North West Coast Innovation Agency

East Lancashire CCG covers an estimated population of around 370,000. The terrain and variable transport infrastructure within the area can create challenges for local people in being able to access health services. This, along with other population issues has led to wide inequalities within the CCG area compared to the national picture. These include relatively high early death rates from CVD, cancers and respiratory disease, as well as an increasing premature cancer death rate. Through the development of close partnership working facilitated by the AHSN, the local CCG sought to address three identified specific challenges associated with atrial fibrillation (AF) (an irregular heartbeat which can be caused by high blood pressure, heart valve disease and excess alcohol consumption). The first challenge was identification, since there was a high level of undiagnosed AF across the region – around 30 strokes each year were caused by non-identified AF. The second was management, since 20 per cent of AF patients were not receiving anti-coagulation medication, and could therefore be managed better to improve their outcomes and increase wellbeing. The final challenge was to improve monitoring as in some areas as many as 40 per cent of patients were not anti-coagulated in line with NICE guidance.

The AHSN worked with the CCG on several collaborative projects that have begun to make an impact for individuals at a local level. These have included a public testing campaign in partnership with the Stroke Association, NHS providers and Healthwatch, resulting in identification of ten individuals with abnormal pulses who were subsequently referred to their GP for on-going support and management. As patients with AF are at a five-fold greater risk of having a stroke, this could save the NHS up to £24,000 in care costs in the first year alone. New technology has been installed in all GP practices and innovative approaches to pulse taking introduced in a range of other settings including pharmacies and care homes that are estimated to identify at least 30 people with AF and other arrhythmias a year. A key component of this work has been upskilling staff in the local area, with the AHSN producing a step-by-step guide to AF for GP practices, running three regional training events attended by over 150 clinical staff and improving processes in hospital trusts for the management of patients with AF and identification of patients with newly diagnosed AF.

For more information contact:
Dr Julia Reynolds, Head of Programmes, Innovation Agency at
julia.reynolds@innovationagencynwc.nhs.uk

The Scarred Liver Project

East Midlands CCGs – East Midlands AHSN

In partnership with four East Midlands CCGs, the local acute trust and the gastrointestinal and liver disease theme within the Nottingham Biomedical Research Centre, the East Midlands AHSN developed the Scarred Liver Project – a diagnostic pathway to detect significant but asymptomatic chronic liver disease at a critical stage when it can either progress, be halted or even reversed. The rise in cirrhosis mortality in England and Wales is the steepest in Europe, with liver disease claiming 62,000 years of working life each year – it is the third leading cause of premature death in the UK and the only one of the top five causes that is increasing. Most disease is lifestyle-related (for example, excessive alcohol use, obesity and type 2 diabetes) and is therefore preventable. The challenge for local areas is that current diagnostic algorithms are flawed, with approximately 50 per cent of liver disease diagnoses made following presentation at the local emergency department.

Commissioners across South Nottinghamshire worked closely with the AHSN and partners to develop and implement an innovative evidence-based clinical approach into frontline services. This new hepatology pathway included proactive risk stratification and the use of non-invasive point of care diagnostic testing to detect liver disease earlier when lifestyle changes will have a much greater impact. Implementation across GP practices led to the diagnosis of 39 cases of previously undiagnosed cirrhosis. All patients who attended the clinics were provided with information from the British Liver Trust, whilst the attendance rate for scans was 95 per cent in the community as opposed to 60 per cent in hospital.

A health economics analysis by The University of Nottingham concluded that implementation of the pathway is cost effective.

Pathway costs are significantly within the NICE threshold of £20,000 per quality-adjusted life-year, at £2,138 for non-alcoholic fatty liver disease and £6,537 for alcoholic liver disease.

For more information contact: Nick Hamilton, East Midland AHSN Project Manager at **nick.hamilton@nottingham.ac.uk**

Accelerating understanding to drive population health improvement in the London Borough of Newham

Newham CCG – UCLPartners

UCLPartners and Newham CCG brought together representatives from health, social care, academia and education to drive health improvement for the local population. The Newham Partnership was established by the AHSN to tackle entrenched local population health challenges. The multiple successes of the programme include:

- attracting £10 million of Big Lottery funding to enable the roll out of emotional resilience support for young people in schools across Newham
- facilitating a successful quality improvement collaborative with ten GP practices leading to improved medicines reconciliation and results handling
- mapping the prevalence of pre-diabetes and gestational diabetes in the borough for the first time identifying 39,980 people at high risk
- supporting a GP federation to apply improvement science, leading to an increased uptake of MMR vaccinations, improved chronic disease control of patients with coronary heart disease and increased recruitment to established trials.

Dr Stuart Sutton, joint deputy chair of Newham CCG, is clear on the benefits this relationship has had: "UCLPartners have been instrumental in creating opportunities for practitioners to access support and guidance in quality improvement. As a result, we're making changes in GP surgeries across the borough, improving the way we work in a sustainable, systematic way."

For more information contact: Charlie Davie, Interim Managing Director UCLPartners at **charlie.davie@uclpartners.com**

Data and analytics to predict unplanned hospital admissions and reduce A&E admissions

Somerset CCG – South West AHSN

In Somerset CCG, the collaborative approach to working with the South West AHSN has led to two linked pieces of work that utilise data and analytics to improve performance in the local area and ensure that patients' needs are met. The first involved utilising an external company's artificial intelligence (AI) platform allowing clinicians, public health experts and data scientist to leverage the power of big data in everyday health and care practice. This sought to address the estimated £1 billion annual costs to the NHS of unplanned admission. An independent research organisation worked closely with the CCG to refine its algorithms using real patient information based on Somerset's linked Symphony dataset. A CCG-specific model was built, able to predict when a patient would present at a hospital based on their medical history. The risk stratification algorithm is able to predict when a patient with complex, often long-term conditions will present at hospital with a serious issue, unless an intervention is undertaken. The CCG factored this information into its operational planning and discussions are ongoing about expanding the use to an STP level.

The second piece of collaborative work demonstrated the AHSN's role in acting as an impartial source of data analytics to inform strategic decision-making at a place-based level. The AHSN has been commissioned by the CCG to conduct a review of data from the local providers within the area, to identify some of the reasons and drivers for increasing A&E admissions and demand within the local area, how these will change over time and what the implication might be for commissioners and the wider system when planning services for the future. This analytical capacity was far beyond what was available within the CCG, whilst the information was viewed as credible and impartial since it had been produced by an AHSN. This has allowed for honest discussions locally between, CCGs, providers, the local council and others, about how challenges can be addressed.

Alison Rowswell, head of urgent care programme management, Somerset CCG, highlighted that: "…there is a certain credence in analytical data being delivered by an AHSN. They can act as an impartial broker to support local decision-making."

For more information contact: Caroline Powell, Director of Intelligence, South West AHSN at **caroline.powell@swahsn.com**

Developing successful partnerships between CCGs and AHSNs

As shown in the case studies there are a number of ways for CCGs and AHSNs to work effectively together to deliver more for patients and populations:

1 Develop relationships

There is a perception that the majority of an AHSN's work is undertaken in partnership with providers, however, as the case studies show CCGs can derive considerable value from collaborative working. CCGs can utilise existing relationships with AHSNs to support planning at a local level that can then feed into operational plans and STPs. This should be built upon clear identification of the value that the AHSN can bring for local planning.

"The most powerful and important relationship that I have developed during my time at the CCG has been between ourselves and the local AHSN – the support that they can bring to allow us to effectively commission for local populations has been a vital ingredient to our success."

Richard Samuel, Lead, Hampshire and the Isle of Wight STP and formerly Chief Officer, NHS Fareham and Gosport CCG and NHS South Eastern Hampshire CCG

2 Clear identification of the issue

AHSNs have a wide-ranging knowledge of the health and care system, especially current research and best practice, and strategic partnership-building capabilities. AHSNs are best engaged to support CCGs on specific issues, rather than more general monitoring or analysis of local data and interventions that might be provided by a CSU, NHS England, Public Health England or any of the other arms-length bodies. Whilst they can be a source of financial backing for CCG projects, their greatest value lies in supporting strategic commissioning at a local level.

"AHSNs should work closely with CCGs to support delivery of better, cheaper healthcare by producing better evidence to support commissioning decision-making."

Professor Oliver James, Medical Director, North East and North Cumbria Academic Health Science Network

3 Delivery at scale

Whilst AHSNs can work with CCGs on an individual basis, their most impactful outcomes, and those which will be of benefit to strategic commissioners in any future system, come when delivery is achieved at scale with the engagement of a range of local partners. They are therefore natural partners for commissioners working as part of an STP.

"Strategic commissioning across a system requires clear assessment of need and the measurement of intervention outcomes. AHSNs can provide the capacity to support successful delivery at scale."

Dr Graham Jackson, NHSCC Co-Chair

Contact your local AHSN

A map of all the AHSNs along with contact details can be found on the AHSN network website **www.ahsnnetwork.com**

Further information

If you would like any further information on this publication please contact **t.marsh@nhscc.org**.

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- Dave Horsfield, Programme Lead, Digital Care and Innovation, NHS Liverpool CCG
- Mary Hutton, Accountable Officer, NHS Gloucestershire CCG and NHSCC board member
- Dr Graham Jackson, Co-Chair, NHSCC
- Professor Oliver James, Medical Director, North East and North Cumbria Academic Health Science Network
- Dr Liz Mear, Chair, AHSN Network and Chief Executive of the Innovation Agency
- Alison Rowswell, Head, Urgent Care Programme Management, Somerset CCG
- Richard Samuel, Lead, Hampshire and the Isle of Wight STP

Narrative written and edited by:

- Thomas Marsh, Senior Policy and Networks Officer, NHSCC

NHS Clinical Commissioners is the only independent membership organisation exclusively of clinical commissioning groups.
Our job is to help CCGs get the best healthcare and health outcomes for their communities and patients. We're giving them a strong influencing voice from the front line to the wider NHS, national bodies, government, parliament and the media. We're building new networks where they can share experience and expertise; and providing information, support, tools and resources to help CCGs do their job better.

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