



**Academic Health
Science Network**
North East and North Cumbria

**AHSN NENC delivery of national programmes
to improve the health of the NENC population**

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Welcome

Between 2017 and 2019 NHS England asked each of the 15 AHSN's to deliver 7 National programmes. We are delighted to showcase our experiences of each of these 7 programmes, to provide some examples of the amazing work that has been supported by the AHSN and also how we have left a legacy within our region of improved health care for our population. We hope that you enjoy reading about some of the experiences of our fabulous team, what they have taken from the experience of delivering evidence based programmes within our healthcare system and some of the highlights. Balancing 7 programmes was sometimes challenging but I am proud of what we have achieved.



Kindest Regards
Professor Julia Newton
Medical Director, AHSN NENC

Detecting and Protecting Patients with Atrial Fibrillation (AF)

AF contributes to 1 in 5 strokes in the UK and is associated with greater disability and mortality than non AF-related strokes. In 2017, NHS England commissioned the 15 Academic Health Science Networks (AHSNs) across England to reduce the incidence of stroke by increasing detection and anticoagulation treatment rates in England.

The work was separated into three strands:

1. **Detection** to find those patients with undiagnosed AF
2. **Protection** to ensure those patients with AF are receiving optimal treatment in terms of anticoagulation
3. Development of **supporting resources**.

With thanks

The team would like to thank the Stroke Association, the British Heart Foundation, the AF Association for their support and input into the programme.

Northern England Clinical Networks, NHSE/ I for their continued support, particularly in relation to the AF Card Deck and the Diabetes Podiatry and AF work.

Wessex AHSN for Starting Anticoagulation with Jack video.

College of Podiatry for their support in spreading the Diabetes Podiatry and AF work.

SDM MAGIC NORTH for their support in making the AF SDM resources.

For more information

<https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/cardiovascular-disease-prevention/atrial-fibrillation/atrial-fibrillation/>



Kate Mackay, AF Programme Lead

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'A national programme brings with it resources, in many shapes and forms, and this can be used to help support the local healthcare system. However, this needs to be framed in a way that is relevant to the local system, and tailored to their needs. National resources need to be adapted to the local area, because one size does not fit all; I know my local area much better than a national team, and, sometimes, I had to stick my neck out to do what is right for my area, even if it was different to what everybody else was doing across the country. But, using national resources helped me to think more widely and creatively in terms of finding solutions. It really was the best of both worlds!'

Kate Mackay, AF Programme Lead.

Detecting and Protecting Patients with Atrial Fibrillation (AF)

1. Detection to find those patients with undiagnosed AF There were two main aspects to this work:

Mobile ECG devices

470 mobile ECG devices, AliveCor, were distributed to a wide range of clinical and non-clinical settings to offer opportunistic pulse rhythm checks to asymptomatic individuals at increased risk of AF. Patients then followed their local pathway for timely diagnosis with a 12 lead ECG and treatment with anticoagulants to reduce the incidence of AF-related stroke. Settings included GP practices, community pharmacies, GP out of hours service, preoperative assessment, podiatry, fire and rescue service, outpatient cardiology, community cardiology and third sector. 370 devices were provided by NHS England as part of a national roll-out of 6,000 mobile ECG devices, and 100 were purchased directly by AHSN NENC. This work was supported by a dedicated project lead who trained every person who received a mobile ECG device. Data was collected centrally by AliveCor for each device, and this was fed back to individuals and organisations. There were a large number of lessons learned from this work and more information can be found here <https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/cardiovascular-disease-prevention/atrial-fibrillation/atrial-fibrillation/alivecor/>

Detection of irregular pulses during a diabetes foot check

Patients with diabetes have their pulse checked as part of their annual foot check review. It is important to detect the presence or absence of a foot pulse to prevent diabetes complications. The pilot work examining pulses in patients' feet started in County Durham and Darlington NHS Foundation Trust and has been spread across the NENC area as well as more widely across England. This work is supported by The College of Podiatry and won an AFA Healthcare Pioneers Award in 2018 for showcasing best practice in AF. It was also short-listed for the Advancing Healthcare Awards 2020 in the Faculty of Public Health and Public Health England award for contributions to public health.

Spread & Adoption

The team are:

- Supporting CCGs and the local healthcare system, to become self-sufficient using AliveCor, by providing resources for training.
- Continuing to spread the learning from the detection of irregular pulses during a diabetes foot check to all parts of the NENC area by working with the Northern Diabetes Footcare Clinical Network and beyond.



50,546 mobile ECG traces taken.



3408 possible AFs detected.



170+ strokes saved.



Over £7.8M cost saving.

Our detection target set by NHSE was 85% of expected prevalence which has been met.

For more information

AliveCor training video

<https://www.youtube.com/watch?v=xKndFpGZH3o&t=23s>

Infographics of AliveCor pulse detection results

<https://www.ahsn-nenc.org.uk/wp-content/uploads/2020/10/AF-Detection-NENC-Stats-timeline-updated.jpg>

Diabetes Podiatry & Atrial Fibrillation: Save a Life, Stop a Stroke

<https://www.ahsn-nenc.org.uk/wp-content/uploads/2018/07/A4-Podiatry-AF-Brochure.pdf>

Detecting and Protecting Patients with Atrial Fibrillation (AF)

2. Protection to ensure those patients with AF are receiving optimal treatment in terms of anticoagulation

NHS England funded several CCGs, including three in NENC, to participate in their AF virtual clinics to increase anticoagulation. AHSN NENC supported this work, on the ground, to enable more patients to receive anticoagulation.

Work also started, to reduce AF related strokes across the Southern Collaborative area through partnership working which also included anticoagulation and protection work.

Spread & Adoption

Protection: Supporting the 3 CCGs who participated in NHSE AF Virtual Clinics to sustain the work around anticoagulation and continue with partnership working to reduce AF related strokes across the Southern Collaborative area.



Our protection target set by NHSE was 90% of CCGs achieving 84% of high risk patients receiving anticoagulation & all above 80%.



100% CCGs are above 84%, the average for NENC is 88.2%

'AliveCor is amazing, it will definitely save people's lives, it is so simple and straightforward, it gave the result in seconds. My illness had a significant impact on my life. I have always been active and I have one grandchild who I adore. Whereas previously I could go on long walks, I was only able to manage short walks with no hills at all. AliveCor gave me my whole life back.'
Mary Walsh, Patient, Aged 71.

'A very useful tool in General Practice which has helped pick up arrhythmias in those patients whom we would have otherwise missed.'
Dr Vivienne Tut, GP.

Detecting and Protecting Patients with Atrial Fibrillation (AF)

3. Development of supporting resources

Resources were either developed or shared from other AHSNs to support this programme. They included:

AF Card Deck: Aimed at primary care for 'Anticoagulant Treatment in Atrial Fibrillation For Thromboprophylaxis', this was sent as a hard copy to every GP in the NENC area. A second edition was produced and a third one is underway after publication of the recent updated NICE guidance.

For more information: https://ahsn-nenc.org.uk/wp-content/uploads/2018/06/AF_CARD_DECK.pdf

Shared decision-making (SDM) videos and resources to support healthcare professionals (HCPs) to discuss treatment options with patients.

These included:

- An introduction to SDM video
- Video demonstration of SDM by four different clinicians
- Video demonstration of four full consultations by different clinicians
- Top tips document.

For more information: <https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/cardiopvascular-disease-prevention/atrial-fibrillation/atrial-fibrillation/shared-decision-making/>

Starting Anticoagulation with Jack video: This was produced by Wessex AHSN as a resource to be used by HCP's with patients. This was promoted locally.

For more information: <https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/cardiopvascular-disease-prevention/atrial-fibrillation/atrial-fibrillation/>

Spread & Adoption

Spread & Supporting Resources: Publishing the 3rd edition of the AF Card Deck after updated NICE AF Guidance has been published.

For more information

AF Card Deck

https://ahsn-nenc.org.uk/wp-content/uploads/2018/06/AF_CARD_DECK.pdf

AF SDM introductory video

<https://www.youtube.com/watch?v=9fSISn5QTOI>

AF SDM skills video

<https://www.youtube.com/watch?v=59r36SxBXUc>

AF SDM Consultant Cardiologist consultation

<https://www.youtube.com/watch?v=ubmZwXQL7SU> AF SDM GP consultation https://www.youtube.com/watch?v=kHPPZR__vEU

AF SDM GP consultation https://www.youtube.com/watch?v=kHPPZR__vEU

AF SDM pharmacist consultation

<https://www.youtube.com/watch?v=FLCxoMofiqk>

AF SDM specialist nurse consultation

<https://www.youtube.com/watch?v=hivTRJQnb3c>

Starting Anticoagulation with Jack video

<https://wessexahsn.org.uk/projects/145/starting-anticoagulation-with-jack>

Delivering the ESCAPE pain programme throughout the NENC

ESCAPE Pain is an evidence based exercise and education programme, combining motivational behaviour change elements for people with chronic pain, specifically those with hip and knee osteoarthritis.

Escape Pain originated from the research of Professor Mike Hurley and is supported by Health Innovation Network (HIN).

ESCAPE-pain is a 12 session, 6 week group rehabilitation programme for people aged 45+ with chronic joint pain of the hip and knee.

It improves function by integrating exercise, education, and self-management strategies to dispel inappropriate health beliefs, alter behaviour, and encourage regular physical activity.

The programme is ideally delivered face-to-face in group settings at a variety of healthcare and community venues.

ESCAPE Pain provides an intervention for the 132,156 people in the region identified as suffering from hip osteoarthritis and the 225,415 people suffering from knee osteoarthritis as of 2012. Additionally, the programme also offers an opportunity to improve inactivity levels in 25% of people in the North East identified by the Sport England Active Lives Survey 2015/16. which is above the England average, and the second highest percentage of any region in England.

During the COVID-19 pandemic the programme was pivoted to You Tube video footage in a joint HIN, Innovation Agency and AHSN NENC collaboration.



To date 174 facilitators have been funded and trained by the AHSN NENC in the region, across 47 sites, through 20 organisations.



749 participants have been through the programme with a predicted £1,132,488 saved (savings are based on £1,512 per person over 2.5 years).

Next steps

Ongoing support and engagement has been offered to sites as they re-establish face to face classes following the social restrictions of the pandemic. Promotional materials have been offered and accepted by sites to spread the information to CCG's, GP's and potential participants.

Spread & Adoption

ESCAPE pain has been accessed by **20** organisations and following the lifting of COVID-19 restrictions will be delivered in **47** sites across the region. **174** ESCAPE Pain facilitators have been trained across the region, with promotional resources and video footage being created to support the programme by the AHSN. Light touch support from the AHSN NENC will be in place until the programme is re-established across the region.

'At the beginning session some clients were apprehensive/scared about exercising and what benefits it has with osteoarthritis, however as time went on the overall benefits for health seemed to sink in and they were very willing in the later sessions'.

ESCAPE Pain trainer, a HealthWORKS Long Term Conditions Exercise Specialist.

Delivering the ESCAPE pain programme throughout the NENC

South Tyneside Patient said *"I have gained so much by coming to this programme. I have realised I can do exercises and enjoy them. I have met new friends, and I have started a keep fit programme and dancing classes."*

'We were very happy to be part of a collaboration between leisure services, Age Concern Tyneside South and the Local Authority to get ESCAPE Pain into South Tyneside. Funding was found and the CCG executives agreed it was better to invest in this evidenced based intervention which was better than more medicines and surgery'.

Dr John Tose, GP and Clinical Director South Tyneside Clinical Commissioning Group.

'By the time they get to week 6, they don't want to go, they want to do it all over again. They are always amazed by how much they have achieved and how confident they are in their abilities. They've done the hard work. It's a great programme'.

Zoe Glendinning, ESCAPE Pain Class Facilitator.

'From the strategic angle I have found being involved in the secondary rollout of the ESCAPE Pain programme to be helpful in allowing us to explore partnership working in the MSK team and the AHSN more closely than before. Practically, it has been a positive for the physical activity team in the at training confirmed their skills and knowledge as being pretty much at the right level already, apart from the more in-depth info on the psychology and management of longer-term pain.'

Sarah Cowling, CEO, HealthWORKS Newcastle.



For more information

South Tyneside Footage

<https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/escape-pain/escape-pain-classes/escape-pain-south-tyneside/>

ESCAPE pain web site <https://escape-pain.org/>

'Collaboration and flexibility are crucial. To have an excellent working knowledge of the programme and a good understanding of the site you wish to adopt the programme, their challenges and strengths. This insight will help establish the programme, allowing various adaptive models of delivery to ensure sustainability.' Vicki Strassheim, Health Project Lead.



Vicki Strassheim,
Clinical Lead for ESCAPE-
pain, AHSN NENC
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Co-branding

With thanks to the Health Innovation Network

Implementing the Transfer of Care around Medicines (TCAM) Pathway

When some patients leave hospital, they can need extra support taking their prescribed medicines. This may be because their medicines have changed, or they need a bit of help taking their medicines safely and effectively. The transfer of care process is associated with an increased risk of adverse effects. 30-70% of patients experience unintentional changes to their treatment, or an error is made because of a miscommunication.

Three Trusts in the NENC region implemented TCAM during the life span of this programme of work, and have established a TCAM Pathway, enabling all suitable patients to be referred to their community pharmacy or GP pharmacist where appropriate. In February of this year, TCAM transitioned in the Discharge Medicines Service, which was rolled out across community pharmacy, and the AHSN NENC supported this role out by bringing together pharmacy leads from all of the Acute Trusts, CCG Medicines optimisation leads and Local Pharmaceutical Committee leads to discuss how this package of work could be implemented across NENC and exploring the processes available to best achieve the required referrals.



The AHSN will continue to support the two late adopter Trusts with the implementation of their TCAM projects for a full year from the beginning of their agreement. The AHSN and NEY Digital Primary Care workstream are co-funding a pharmacist post to engage with key Medicines Optimisation (MO) and IT stakeholders across NENC ICS, to scope out current systems relating to transfer of information across interfaces of care. This project will identify challenges and potential opportunities for more effective cross sector working, such as ensuring there are effective digital solutions for delivering the Discharge Medication Service (DMS), report back key recommendations to the Digital Primary Care Workstream to inform future ICS Digital priorities.

For more information

Transfer of Care around medicines webpage:
<https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/medicines-optimisation/transfer-of-care-around-medicines/>

The national lead for this programme of work is Wessex AHSN
<https://wessexahsn.org.uk/>



'I have learned that the digital systems for pharmacy in both Trusts and community pharmacy are not the same, and that getting change to digital systems on the IT agenda

can be a complicated process.'
Liz Brown, Health Programme Manager
liz.brown@ahsn-nenc.org.uk



Addressing Problematic Polypharmacy

The Academic Health Science Network (AHSN) and the Patient Safety Collaborative (PSC) for the North East & North Cumbria (NENC) support a number of programmes around medicines, particularly approaches to addressing problematic polypharmacy and improving medicines safety.

Polypharmacy is defined as the routine use of four or more over-the-counter prescription and/ or traditional medications at the same time by a patient. Polypharmacy has increased dramatically with greater life expectancy and as older people live with several chronic diseases. Polypharmacy increases the likelihood of side effects, as well as the risk of interactions between medications, and may make adherence more difficult.

The World Health Organisation (WHO) describes polypharmacy as a major global problem, estimating that more than half of all medicines are prescribed, dispensed or sold inappropriately, and that half of all patients fail to take them correctly.

At the outset of this programme, across the AHSN NENC region, eight of the twelve (66%) CCGs had above the national percentage of patients currently receiving 10 or more unique medicines. Recognising that there are lots of opportunities to improve patient care around polypharmacy, the AHSN invited proposals from clinicians and teams across the region, which could deliver innovative approaches to address problematic polypharmacy and associated medicines safety. From the proposals submitted, the AHSN committed to funding and supporting projects which sought to address various aspects of inappropriate polypharmacy:

1. Reducing inappropriate prescribing in primary care; getting started
2. The development of an educational programme for primary care prescribers and community pharmacists on reducing inappropriate prescribing
3. Closing the evidence-practice gap: Smarter sleep interventions in hypnotic prescribing
4. Reducing antibiotic prescribing using community pharmacy provision
5. Use of the 'World Cafe' approach to address the inappropriate prescribing of intravenous antibiotics in futile clinical scenarios
6. Optimising the management of COPD exacerbations in primary care
7. 'Operation Ouch' - a project evaluating the impact of an educational video on opioid prescribing.

Spread & Adoption

A brochure summarising six of the projects has been created:

https://www.ahsn-nenc.org.uk/wp-content/uploads/2020/10/MedicinesOptimisation_Brochure.pdf

'Operation Ouch' can be accessed here

<https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/medicines-optimisation/reduce-opioid-prescribing/>



Within the NENC region, these projects involved **6 CCGs, 5 Foundation Trusts and 2 universities.**

The resources created as a result of each project have been made freely

available from the AHSN NENC website and outputs have been disseminated via a webinar, held in November 2020 (attended by 96 delegates).

Resources from each project have also been made freely available and can be accessed via our website <https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/medicines-optimisation/polypharmacy/>

'This national programme has clearly demonstrated to us that Problematic Polypharmacy is a hugely diverse topic, with countless aspects worthy of intervention. Local implementation of the programme has merely scratched the surface, and given the opportunity to continue, we could certainly create more excellent resources to support our region and beyond.'



For further information please contact Sue Hart, Programme Manager
sue.hart@ahsn-nenc.org.uk

Prevention of Cerebral Palsy in the Preterm Infant (PRECEPT)

PRCePT is an evidence-based, cost-effective programme designed to help reduce cerebral palsy in babies through the increased antenatal administration of magnesium sulphate (MgSO₄) as a neuro protector to mothers during preterm labour.

Magnesium sulphate is a cheap and easy to administer drug used routinely already in obstetrics for maternal reasons. Antenatal administration of this drug has been shown to provide neuroprotection in preterm infants and prevent cerebral palsy in these babies.

The PReCePT initiative was first successfully trialled in the West of England and rolled out to the remainder of the country from 2018 via the AHSNs and the MatNeoSIP. The overall aim of the national programme is to increase the uptake of magnesium sulphate in eligible women (those delivering before 30 weeks gestation) to at least 85% across all maternity units in England.

All Trusts in the NENC region are participating in this project with named midwife, obstetric and neonatal leads to drive the work forward within their own units. There is also a regional leadership team comprising a neonatal, QI and midwifery lead to facilitate data collection, audits and share learning and actions.

The ANSH NENC PReCePT team have a continuing audit to review all eligible cases where magnesium sulphate was not given to see if there were any potential opportunities that were missed to administer the drug.

Compliance in NENC before PReCePT was 64% (based on 2017 data).

In 2020, there were 163 eligible cases, and magnesium sulphate was given in 134 (82%) of cases. All the 29 remaining cases were subject to an audit, and in 23 of them, there was a reasonable clinical reason for the exception (such as precipitate labours, born before arrival or clinical contra- indications). There were 5 cases where it may have been possible to give the drug and these cases were discussed at regional learning events to share learning across the system and to prompt raised awareness and improvements in clinical practice.

So far in 2021 (up to end of May) there have been 70 eligible cases with a compliance rate of at least 90% (*this may increase further as some audits are currently outstanding).

For more information

<http://www.innovationlibrarynenc.org.uk/result/precept/>

<https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/prevention-of-cerebral-palsy-in-the-preterm-infant-precept/>



Additional 1797 mothers received



An estimated 48 cases of cerebral palsy avoided



Estimated £38.4 million savings in lifetime health and social care costs

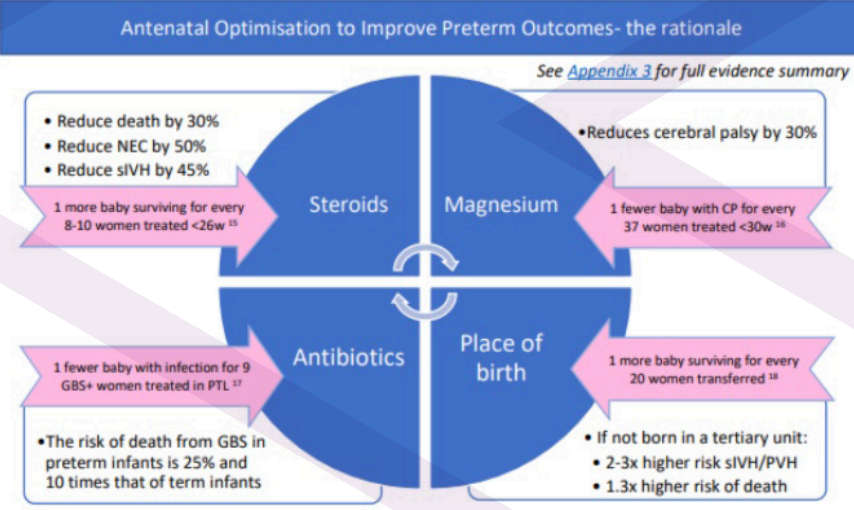
Prevention of Cerebral Palsy in the Preterm Infant (PRECEPT)

What next?

Antenatal magnesium sulphate is one of 7 interventions included in the British Association of Perinatal Medicine preterm optimisation care bundle. The NENC MatNeoSIP have been chosen by the national team as a pilot site for this care bundle and work is beginning to map out what currently happens in each unit for each of the interventions and plan for data collection and roll-out of this initiative. The PReCePT programme will continue and adapt to fit in with this piece of work.

<https://www.bapm.org/pages/194-antenatal-optimisation-toolkit>

https://www.rcpch.ac.uk/sites/default/files/2020-11/nnap_jcbecher1.pdf




'It has been great to lead the regional arm of a national project – working together has always been a strong part of the NENC ethos & we have been able to share how well we do this with other teams. Collectively we have been able to provide clinical challenge where appropriate & have achieved great improvements in the pre-delivery care for premature births in our area.' Karen Hooper, Health Project Lead.

Adopting the Emergency Laparotomy Pathway Quality Improvement Care (ELPQuiC) bundle

The programme involves the spread and adoption of the evidence-based Emergency Laparotomy Pathway Quality Improvement Care (ELPQuiC) bundle within NHS Trusts. By following the ELPQuiC pathway, research suggests that the patient mortality rate will decrease and the recovery period in hospital reduces following an Emergency Laparotomy.

The AHSN NENC is committed to refining the quality improvement methodology of care for patients within our locality and delivering sustained engagement with clinical networks, all trusts within the NENC are engaged with the pathways.

The AHSN NENC has recruited a clinical lead for this project who has led on this piece of work from its inception within the region; Dave Saunders is an Anaesthetist and the National Emergency Laparotomy Audit (NELA) lead at The Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH).

After an initial engagement with the NELA leads in all the Trusts across NENC in January 2019, the team agreed to work together to develop the pathways that meet the requirements of the national aims and are fit for purpose to meet the requirements of the Best Practice Tariff for EmLap that came in to effect on 1st April 2019. At the second event in March 2019, and after contacting all the NHS Acute Trust Medical Directors and Chief Executive Officers regionally, it was agreed that these pathways be adopted and implemented.

Spread & Adoption

This programme of work has been extended to October 2022. The team has recently undertaken a local survey to understand how they can further support the implementation of the pathways across the region, and the areas of concern where they hope to be able to provide support and offer advice, raising awareness of this programme of work.

For more information visit

<https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/emergency-laparotomy/>



'This has been a very interesting project to work on, and has been an excellent example of how having a Clinical Lead championing a project, and getting the relevant clinical leads from all the acute Trusts involved, can give weight to and pave the way for standardisation and change.'



If you would like to learn more about this project and get support to raise awareness in your organisation please contact Liz Brown, Health Programme Manager, on liz.brown@ahsn-nenc.org.uk

Pharmacist-led Information technology iNtervention for the reduction of Clinically important ERrors in medicines management (PINCER)

Prescribing errors in general practice are an expensive, preventable cause of safety incidents, illness, hospitalisations and even deaths. Serious errors affect one in 550 prescription items, while hazardous prescribing in general practice contributes to around 1 in 25 hospital admissions.

Using clinical audit tools alongside quality improvement methodology to review groups of patients taking high risk medicines/combinations of medicines, PINCER ensures that any risks are mitigated, improving medication safety.

The AHSN NENC worked with North East Commissioning Support (NECS) to develop a dashboard within the primary care RAIDR portal through which the clinical audit searches could be run, as the majority of primary care data in our region is held by NECS via RAIDR.

The AHSN NENC team also worked alongside all Clinical Commissioning Groups (CCGs) across the North East and North Cumbria region to enable access to the clinical audit tool, along with the quality improvement methodologies and a training package that underpin the process.

Serious errors affect 1 in 550 prescription items, while hazardous prescribing in general practice contributes to around 1 in 25 hospital admissions.

Pharmacy staff were trained across both the County Durham and Tees Valley CCG areas to Action Learning set 2. Unfortunately, and despite our best efforts with all the organisations involved, the impact of the COVID-19 pandemic and the change of focus for the resources to undertake this work, both digitally and actual workforce, the team were unable to execute the final training programme and implement the PINCER tool in this region. The team are constantly reviewing the resource status, and as soon as they are able, will revisit this project and take this work forward.

Spread & Adoption

NHS England funding for PINCER ended on 31st March 2021 and it is therefore no longer supported by the AHSN NENC.



Spread & Adoption

NHS England funding for PINCER ended on 31st March 2021 and it is therefore no longer supported by the AHSN NENC.

For more information visit

<https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/medicines-optimisation/pincer/>

The national lead for this programme of work

is Wessex AHSN <https://wessexahsn.org.uk/>



For more information please contact Liz Brown, Health Programme Manager, on liz.brown@ahsn-nenc.org.uk

Serenity Integrated Mentoring (SIM)

SIM focusses upon the small number of people who are disproportionately high intensity service users of crisis services, including ambulance, police, mental health, and emergency care.

By undertaking a detailed review of data, it is suggested that we could successfully reach these individuals in new ways, with the target of a reduction in demand from each user that receives SIM.

This pilot project sits within the wider context of the North East and North Cumbria suicide prevention Programme.

The programme aims to:

- Use all available evidence of how best to prevent suicide and self-harm
- Work together with different agencies, communities, and people with lived experience of self-harm and suicide, to take action to prevent self-harm and suicides
- Promote wellbeing and resilience, so that fewer people die by suicide, including those in high-risk groups.

Supported by funding from the Academic Health Science Network (AHSN) NENC, as part of the national High Intensity (SIM) project, this pilot project focused on a specific small group of high-risk people with the view of sharing recommendations and learning for potential wider implementation.

Spread & Adoption

This programme of work was delivered in conjunction with the North East and North Cumbria Suicide Prevention Network and is now complete.



Reduction in the numbers of crisis contacts - including s136, A&E attendance and crisis/liaison team.



Increase in number of planned contacts service user engages with.



Cost reduction associated with reducing high cost crisis contacts.

'The F2F project is an amazing service with friendly staff. Gives time to do positive stuff and to be able to talk. The day-time can be hard so it is nice to know that there is someone around. I think the F2F project has helped to keep me out of crisis as much as I used to be. I would miss this service if it wasn't here.' Cumbria report.

'Being able to support the F2F project in Cumbria has raised my awareness of the needs of these service users and that we need to develop and support more innovations in the delivery of mental health services.' Liz Brown, Health Programme Manager.



For more information please contact **Liz Brown, Health Programme Manager**, on liz.brown@ahsn-nenc.org.uk



**Academic Health
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