



# UCLPartners Academic health science partnership

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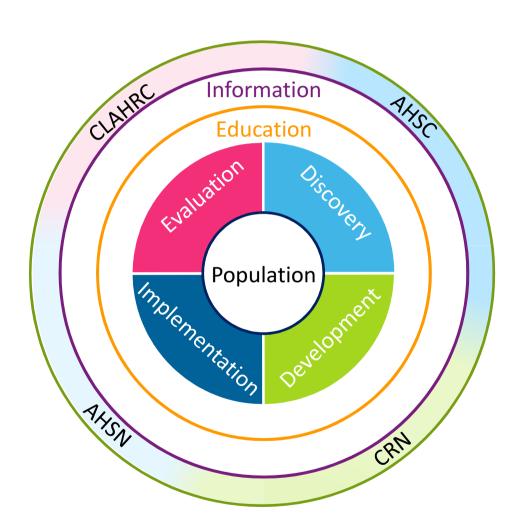
## ır challenge



To translate cutting-edge research and innovation into measurable health and wealth gain for patients and populations – delivering solutions to address the most pressing healthcare challenges in London, across the UK and globally

# efragmenting the pathway – an integrated journey to transform althcare through innovation into practice





Bringing together formal designations under one umbrella and working with partners to:

- Discover new treatments and methods for improving health
- Develop discoveries through clinical trials
- Implement changes at scale and pace across the partnership
- Evaluate how the system is working and what can be done next
- Educate the workforce and develop capabilities
- Use information to its best effect throughout the system

## rtnership vision and values



ir work is:

Patient led

Population focused

Developed in partnership

Delivered at pace



## ne geography and partners







**23 healthcare organisations** acute and mental health trusts; community providers





**Industry partnerships** in research and translation of innovation into health and wealth





11 higher education institutes and research networks



26 boroughs and local councils

## amples of progress in 2014/15: Improving specialist cancer and



### rdiac services

### he challenge:

Cancer and cardiac disease account for 60% of premature deaths before the age of 75 in London Clinicians recognised the need to implement new models of care to address this inequality By changing services, the partnership has the opportunity to save 1,200 lives per year

### Addressing the challenge:

- UCLPartners supported clinical teams and commissioners in developing proposals for specialised services and engaging with the public
- Now we are supporting implementation of such centres and links to primary care and secondary care
- The new Barts Heart Centre has become a clinical and academic hub for specialist cardiac care
- UCLH is developing as the major hub for specialist cancer care, with RFL centre for renal cancer surgery

#### he outcomes:

Care will be delivered within an integrated system that delivers care in the setting most suited to patients' needs and supports quality improvement across whole pathways

Improvements in quality of care and patient outcomes, supported by opportunities for excellence in research and education

Net benefit to the system of £94.2m

Save 1,200 lives per year when fully implemented

# amples of progress in 2014/15: Supporting primary care in the



# evention of heart attacks and strokes

### he challenge:

Atrial fibrillation causes 1 in 8 strokes
Around 26,000 people in our region have AF and do
not know it
More than half of strokes due to AF could be
prevented by appropriate use of oral anticoagulation treatment
NICE highlights the need for ensure people with AF
receive the right treatment

Camden had particularly low figures

#### Addressing the challenge:

- UCLPartners worked with Camden CCG to help GP practices identify people with AF
- Clinical decision support tool helped GPs to prescribe appropriate treatment
- Established community of practice with 12 CCGs to improve detection and management of AF across the region

#### he outcomes:

Camden has seen very positive uptake in 35 out of 37 GP practices
The project is being replicated by Enfield, Barnet, Haringey and Islington
If Camden's results are repeated across the region, we will reach NICE guidelines in 18 months
Preventing 700 strokes saves 210 lives and approx. £7m each year



## Ir strategic priorities – supporting delivery of the 5YFV



**System Transformation:** Improve health outcomes for patients and the population through supporting the system to implement and evaluate integrated pathways and nemodels of care

**Quality:** Support organisations and individuals to develop capability and infrastructure improve quality, patient safety and experience and reduce costs

Innovation: Ensure innovation is embedded to drive change at scale and pace

Sustainability: Ensure UCLPartners is a sustainable, viable organisation

# iorities for 2015/16: Transformation of specialist cancer and rdiovascular care



curing the benefits from the new academic medical centres as hubs for research and innovation within Her integrated systems of care

Supporting the development and delivery of a new model of care for cancer services including:

- o Improving one-year survival, by diagnosing cancer sooner and improving access to tests
- Improving patient experience by integrating cancer treatment into the wider health system

Supporting the transformation of cardiovascular care including:

- Scaling up approach on AF and cardiovascular prevention
- Integration of Barts Heart Centre with a new QMUL/UCL joint cardiovascular institute to drive forward diagnost and therapeutic innovation and prevention strategies



# iorities for 2015/16: Delivering a new model of care for children d adolescent mental health services



### ity of mental health and physical health provision is a priority in the 5YFV

Government task force has identified the need to improve quality, access and safety in mental health services for children and young people

1 in 10 young people have a diagnosable mental health problem yet there is currently very limited access to mental health services, with long waiting times and often poor outcomes

We are working as part of a partnership with Anna Freud Centre (charity), the Tavistock and Portman Ni Foundation Trust and the Dartmouth Center for Healthcare Delivery Science in the US on a new model care for CAMHS in NCL, with support from NHS England (London) and as part of the National Innovation Accelerator Programme

The *THRIVE* model of care will provide more readily accessible support that is responsive to the needs a preferences of young people and their families through tools such as shared decision-making

## iorities for 2015/16: Supporting primary care transformation



lding capacity and capability in primary care within new provider organisations is vital for the delivery was models of care and for viable health economies

Building on our primary care development and quality improvement work in East London, we are working with federation leads across NCL to scope support for a similar approach as part of the evolving strategy for the NCL health economy

We would like this to include support for the development of federations, evaluation, and development and embedding of quality improvement approaches such as QI collaboratives, development of quality indicators and dashboards linked to GP education and guidelines





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