

**Bristol Health
Partners annual review
2014/15**

About Bristol Health Partners

Bristol Health Partners is a strategic collaboration between the city's three NHS trusts, three clinical commissioning groups, two universities and its local authority. We aim to maximise Bristol's health research, and to transform the understanding, prevention and treatment of key health problems in Bristol. The nine organisations involved have formed Bristol Health Partners voluntarily, and it is funded by contributions from the partners. Find out more about us at:

www.bristolhealthpartners.org.uk/about-us/

The partner organisations employ



Together the partners have an annual turnover of over

£2.6 billion

Research income for the partner organisations is more than

£190 million

The partners serve

1,083,000

people living in the Bristol area

| Contents

Welcome 3

A year of reaching out and making new connections 4

Our purpose, vision and future plans 6

Five reasons why we are different 8

Bristol's inaugural Festival of Health 10

How we're engaging with people 12

Our finances 13

Health Integration Teams review 14

Highlights from the partners 28

We are now developing major work programmes on the better use of data, the workforce of the future and sustainability

| Welcome



Andrea Young Chair of Bristol Health Partners

This last year has seen Bristol Health Partners reach out to new audiences on an unprecedented scale. We have become more confident in talking about our work and ambition, and have had a great response as a result.

The most powerful example of this was October's ambitious and innovative Festival of Health, where nearly 450 people gathered to explore the big issues facing health and care today, both in Bristol and further afield. I was lucky enough to speak at a session on how the health and care system works, and was deeply impressed by the high degree of interest in health in our city, with people giving up their weekend to join the debate.

Another prime example is that, from April 2015, Bristol City Council has become a full member of Bristol Health Partners. With public health embedded in the partnership, we can build on the work already done to join up local health organisations in a meaningful way, allowing us to make a difference and improve outcomes for the people living here. It's a unique opportunity to develop the success of the Bristol city region.

Our future plans are now more clearly defined than ever. David Relph, in his first year as Director, has helped the Board crystallise where we should focus our attention. We are now developing major work programmes on the better use of data, the workforce of the future and sustainability. The latter is particularly relevant with Bristol being European Green Capital in 2015.

And of course our 18 Health Integration Teams continue to go from strength to strength, with four more in the pipeline. It's heartening to see these teams growing in confidence, as they push through evidence-based change. Crucially, they are also growing in curiosity and reach, connecting with other organisations and groups in ways they hadn't considered before.

I would like to take this opportunity to thank David for taking the partnership to new places during his year in post. Recruitment of a permanent, substantive post-holder is underway. We have another exciting year to look forward to in Bristol Health Partners.

A year of reaching out and making new connections

David Relph, Director of the partnership



The last year has been a busy and eventful one for Bristol Health Partners. We have seen the work of the Health Integration Teams continue to build, and in some cases break through to national profile. We have set out the future direction for the partnership (more of which later in this review) and we have got out and about in the city region that we serve. My sense is that we are building a record of innovation, collaboration and engagement in and around Bristol in a way that feels new, exciting and – from a national perspective – unusual.

One of the delights of the past year has been the people knocking on our door to find out about the Health Integration Teams and the partnership

Our unique Bristol proposition

Over the last year I have come to understand more and more strongly that what we have in Bristol Health Partners is unusual, and precious. We share the name 'health partners' with many other organisations in the UK, but our model is different. First, our partnership is broader. We number among our partners major universities and teaching hospitals, but we also include local commissioning groups and our council. This last partner is highly unusual – I can find no other health partnership in the UK where the council is a full member. While clinical and biomedical research is core to our work, we also have a platform – and the membership – to address broader issues of public health, and other major factors that shape our local health system.

The Health Integration Team model epitomises our broad approach. My colleagues who set up Bristol Health Partners in 2012 deserve great credit for the innovation that is the Health Integration Team, for not only are they the engine room of the partnership, but they give real distinctiveness to our approach. No-one else (yet) has set up and supported teams in the same way.

One of the delights of the past year has been the people knocking on our door to find out about

the Health Integration Teams and the partnership – people from Manchester, Leeds, Birmingham, Lancaster, and from the Department of Health, NHS England, NICE, and further afield from Rochester University in New York State. This level of interest, which is ever growing, should inspire us to be more ambitious as we continue to build our partnership.

Developing the way ahead

We have been setting out the way ahead, with discussion across the partnership and, where we have been able to, the city region. The result is a new strategic intent, and a plan for the next 12-18 months, which you will find summarised overleaf.

The big step forward is that we can now describe the partnership as operating on two levels. The first is the micro way the Health Integration Team model focuses on specific challenges or issues. The second is our macro role, acting as a platform for city region collaboration, addressing the broader challenges we all face. We will develop the latter over the coming months. We will set up 3-5 year programmes looking at the workforce of the future and how we develop it in and around Bristol, better use of data in our health system and city, and address sustainability in a more ambitious way than we have to date.

My personal highlights

There have been some real highlights for me this year. They all involve people coming together, sharing their ideas and aspirations, and thinking about the future.

The first was the Health Integration Team Conference in June last year. The day was an inspiring reminder of just how much work is going on across the Health Integration Teams, and showed off both the teams and the people who lead them. We should, I think, support, nurture and develop these leaders. They have stepped into the breach, which requires huge commitment and a good deal of their own time. They demonstrate every day their desire to make things better for people who live in and around Bristol, and their commitment to collaboration as the way to solve challenges. People like this will help us transform our health system over the next few decades – and they deserve our thanks, and support.

The other group that will help us do this is, of course, the public. My next highlights involve events where the public voice was heard, where we opened up the partnership to those who live in and around Bristol. The first of these was the Festival of Health in October, organised with the Festival of Ideas, which we will run again in November 2015 as part of the European Green Capital programme's Festival of the Future City. The festival was a powerful opportunity to share the work of the partnership with the people of the Bristol region, and to hear from them about what they want and need. It was only a small step and we need to do more, but it has pointed the way for how we widen our engagement. You can read more about the festival later in this review.

And there was the Bristol Health Collaborative 'Make It' event that we ran in November. This brought together a range of different people to share ideas on tackling health issues through innovation. It brought a wider community to connect with the health related work happening in and around Bristol. This event was eclectic, fluid and was designed as we went along. But at the end of it we had new ideas that we are now working to implement – ideas that came from patients and others outside the partnership. Again, the event was only a start, but it has allowed us to support work that we simply wouldn't have come across had we not run the event. We will do more.

My last highlight is Bristol City Council joining the partnership as a full member. I've already indicated how unusual this is for health partnerships, and how important their engagement is. I would like to formally welcome them to the partnership and I look forward to working with them on ambitious work to harness local talent, improve our health and care system, and make the Bristol city region a better place to live.

Turn up, and be an activist

Finally, I'd like to share some personal reflections on the last year. They are about ambition, coherence, and the way we all work together. The first is that opportunities to think, share and work together are rare and we must grasp those that come along. At its heart, Bristol Health Partners is a vehicle to enable this throughout our health and care system and city. The work of the partnership can have a profound and positive impact because of this. But making the most of these opportunities requires two things – and these are the principles that I use to shape my approach as Director. The first is simple – turn up, because you can't influence discussions you don't take part in. This second is less obvious – be an activist, not just a commentator, because we have to address issues, not just recognise them.

This time a year ago I challenged the partnership to be more ambitious and to have the collective confidence to build on the last few years, taking the aspirations we have for the partnership to the next level. Although we are still to develop the detail of some of the longer term work, I believe we have genuinely started to do this. My challenge this year relates to what I have learned – we should try to be activists not just commentators, because this is the way we will change our health and care system - and city region - for the better.

Turn up, because you can't influence discussions you don't take part in. And be an activist, because we have to address issues, not just recognise them. These are the principles that shape my approach as Director



| Our purpose, vision and future plans

Our purpose

...is to improve the health of those who live in and around Bristol and the delivery of the services on which they rely. We act as a mechanism for change in our health and care community, and our city region.

Our mission

...remains to generate significant health gain and improvements in service delivery in and around Bristol by integrating, promoting and developing local strengths in health services, research, innovation and education.

Our shared vision is for those who live in and around Bristol to enjoy the highest possible quality of life and experience of care

Our shared vision

...is for those who live in and around Bristol to enjoy the highest possible quality of life and experience of care. We want our city and health and care system to be known for:

- Equality of access, experience and outcome
- Excellence of research
- Promotion of innovation
- Connectedness and collaboration

Our objectives

...are to deliver identifiable improvements across our local health community in:

- Patient care and public health outcomes
- Equity of access, provision and outcome
- Translation of research into health practice

And to provide joint planning and coordination, including:

- Developing a joint strategy for the integration of health care and translation of research into clinical and public health practice
- Developing coherent responses as a community to national initiatives

How do we achieve this?

Our operating model works at two levels:

1

We act in a focussed, topic-specific way, developing and supporting Health Integration Teams (HITs) designed to:

- Improve outcomes across the entire patient pathway**
- Create an integrated whole health system approach**
- Promote and facilitate translational research**
- Ensure that successful innovations are spread**

Driving change across our city region

Promoting ambition and coherence

2

At a broader system level, the partnership acts as a platform for collaboration across the health and care system, by:

Bringing together local expertise, assets and talent to tackle the challenges we face and to support the priorities set by local leaders

Our strategic themes

Broadening engagement and raising the profile of the partnership and city region

Broadening engagement

- Develop our membership, particularly from the community sector
- Develop joint bids for funding

Raising our joint profile

- Sponsor and curate events with the Festival of Ideas
- Run events focussed on technology and innovation in sustainability
- Core City collaboration including other health partnerships

Building on our strong commitment to patient and public involvement

- Support a joint patient and public involvement strategy with People in Health West of England

Developing the Health Integration Teams

Sharing the Health Integration Team (HIT) model

- Spread the HIT model more widely, regionally via NIHR CLAHRC West, and nationally via the Core City network and other health partnerships

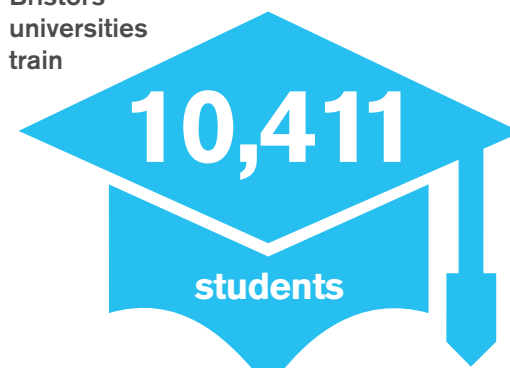
Strengthening the link to local priorities

- Develop our portfolio of HITs and demonstrate their impact, including on strategic priorities for bodies such as health and wellbeing boards

Helping the HITs to thrive

- Fund greater involvement from outside the partnership
- Invite Clinical Commissioning Groups to commission HITs
- Strengthen evaluation of HITs to better understand their impact
- Implement changes that HITs recommend to service delivery

Bristol's universities train



in health related subjects and

3,696

qualify as health professionals each year

Strategic programmes

Our future health and care workforce

- Work with partners, including Health Education South West, on the 'workforce of the future' as a focus for education, training and development
- Create a leadership programme for the cohort of collaborators we are developing

Health and care as a leader in sustainability

- Build a legacy from European Green Capital with a whole health and care system approach to sustainability

Using data better

- Development, with Bristol City Council, of the Bristol Open Data Platform
- Make the most of Bristol is Open
- Bid for Innovate UK funds such as the Internet of Things cities demonstrator
- Support and complement existing work in areas like Connecting Care

Five reasons why Bristol Health Partners is different

There are many local health partnerships in the UK, each with its own strengths and specialties. Bristol Health Partners has been in existence for three years now (or seven if you count its previous incarnation as the Bristol Innovation Group for Health or BRIG-H for short). As we've been developing our strategy for the next five years, we thought the time was right to explore what makes our partnership different.



1 We aim to improve health and care for the population we serve

Many other health partnerships are focussed on clinical research, but the model we have in Bristol is different. We have a deliberately broad remit covering not only clinical and biomedical research, but also public and population health. We do not focus solely on illness: we also address lifelong health and how to prevent illness in the first place.

2 We involve a wide range of partners, including our local authority and commissioning groups

Our wider membership, including our local authority and public health, gives a broader interpretation of health and its determinants. The partnership also includes local Clinical Commissioning Groups, giving us the opportunity to influence service change through quality research.

3 Our partnership is voluntary, not mandated – and bottom up, not top down

As a membership organisation, we are able to serve the needs of our partners and local population rather than a more distant funding body with its own agenda. Our structure and funding model mean we are light touch, agile and (we believe) do a great deal with what are relatively limited resources. We are fundamentally committed to a bottom up approach that is clearly manifested in our Health Integration Teams, which have been largely self-forming. We aim to create a platform for people to use to promote collaboration and integration, and see our role as to facilitate and support, rather than to direct.

Our structure and funding model mean we are light touch, agile and (we believe) do a great deal with what are relatively limited resources

4 Our Health Integration Team (HIT) model is pioneering

Our Health Integration Teams (HITs) are focused on a specific topic or condition, and bring together all the local players in the field, regardless of organisational affiliation. HITs tackle health priorities by working in new ways, harnessing the best research, innovation, care and education to make a difference to people's health. Our HITs must evaluate, involve patients and the public and have a 'whole system' approach. Nowhere else is doing research, health service and public health integration quite like this - at least not yet. We're working with the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West (NIHR CLAHRC West) to describe and evaluate the HIT model, with the hope that others can adopt this innovative approach to seemingly intractable health and care problems.

5 We are committed to making the most of our local specialisms and strengths

Bristol has considerable health research strengths, especially in public and population health and primary care. We help make the most of them through integrating academia, the health service, public health and commissioning. We apply science to service delivery and improvement, so that change is more effective and likely to succeed. Involving patients and the public is essential to success, and the partnership empowers health professionals to tackle this challenge head on through our unique approach to Patient and Public Involvement (PPI). We have a shared, strategic PPI team which covers all the health networks in the West, including Bristol Health Partners, NIHR CLAHRC West, the Clinical Research Network: West of England and the West of England Academic Health Science Network.

Our HITs must evaluate, involve patients and the public and have a 'whole system' approach. Nowhere else is doing research, health service and public health integration quite like this - at least not yet



Bristol's inaugural Festival of Health

10-11 October

Bristol's first ever Festival of Health opened up key debates about how our local health and care system is changing, and explored the big issues facing the NHS and health. The first event of its kind in Bristol, it brought together influential leaders in the city region's health and care system and prominent figures from further afield. Nearly 450 people came over the weekend, including members of the public, patients, carers, health professionals, community leaders and academics. It was organised by Bristol Health Partners and the Festival of Ideas.



29
speakers



Nearly
450
people
attended

83%
enjoyed the
event

90%
would attend something similar in the future





Who spoke and what did they say?

Speakers included:

- Dr Neil Bacon, Founder of iwantgreatcare.org
- George Ferguson, Mayor of Bristol and co-chair of Bristol Health & Wellbeing Board
- Matthew Hill, BBC Points West Health Correspondent
- Dr Martin Jones, Clinical Chair of Bristol Clinical Commissioning Group
- Sir Ron Kerr, Chief Executive of Guy's and St Thomas's NHS Foundation Trust
- Professor Mike Richards CBE, Chief Inspector of Hospitals, Care Quality Commission
- Andrea Young, Chief Executive of North Bristol Trust
- Liz Zeidler, Co-founder and Director of Happy City and chair of the Bristol Green Capital Partnership



Panels focused on six key questions:

- How does the health and care system work?
- How do we ensure consistently high quality, safe services?
- What is a healthy city and what are healthy communities?
- How do we support mental as well as physical health?
- Do we have a caring society?
- Where is change in the health and care system going to come from and what sort of system do we want in our city region?

Videos of all the talks are at

www.youtube.com/user/BristolHealthPartner/



For the complete list of speakers, visit

www.bristolhealthpartners.org.uk/festivalofhealth

The first event of its kind in Bristol, it brought together influential leaders in the city region's health and care system and prominent figures from further afield

What next for the Festival of Health?

David Relph, Director of Bristol Health Partners, said: "Every one of the six sessions was interesting and challenging with great speakers, excellent chairmanship and genuine participation by the public. There's obviously an appetite to engage with these issues and contribute ideas, so this event will be the first of a series. Hearing the voice of the public who attended was what excited me most. I plan to focus on how we can take the work of Bristol Health Partners out into Bristol and the surrounding areas - and connect with the public in a more ambitious way. The discussion about health and care across our region is not only a professional, expert one - people across the region need to be genuinely involved. It's their health system, after all."

| How we're engaging with people

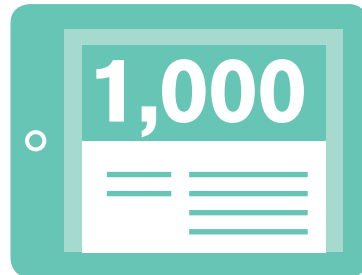


June 2014

Annual Health Integration Team conference brings together 120 people from the Bristol health research community, including Health Integration Teams, our Board and Executive Group

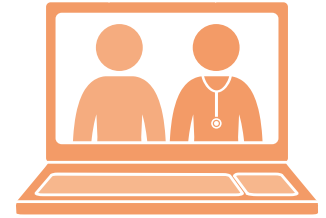
July 2014

Our email newsletter subscribers reach 1,000



October 2014

Festival of Health sees nearly 450 people listen to an array of speakers and engage in debate on health in our city region and further afield



November 2014

Make-It: Bristol Health Collaboration for Innovation hackathon weekend brings together tech experts with health practitioners to find solutions to health problems

February 2015

Our Twitter followers break the 4,000 barrier



4,000+

March 2015

Felicity Harvey, Director General for Public Health at the Department of Health, visits Bristol after receiving last year's annual review

April 2015

Bristol City Council becomes a full member of the partnership

April 2015

100 people attend the first ever **Bristol Health Tech Meetup** in partnership with the West of England Local Enterprise Partnership



| Our finances

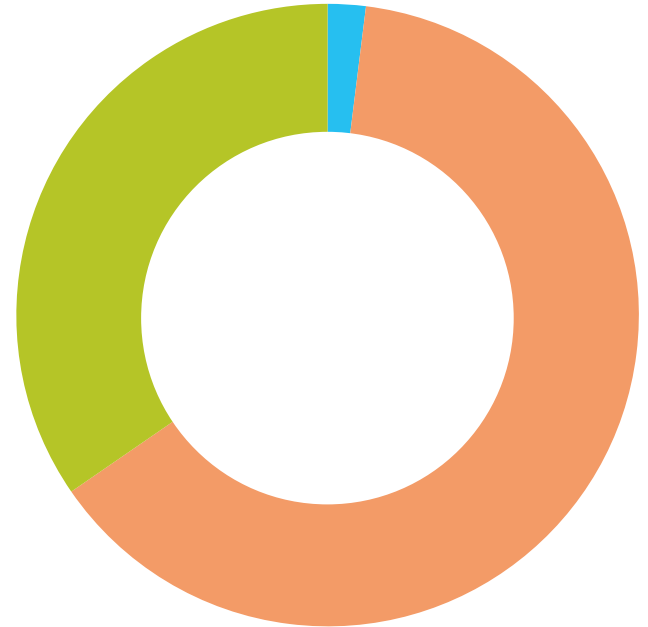
Our income

Our income for 2014-15 was

£346,834

This came from:

- Carried over from 2013-14 **£6,834**
- NHS organisations **£220,000**
- Academic partners **£120,000**



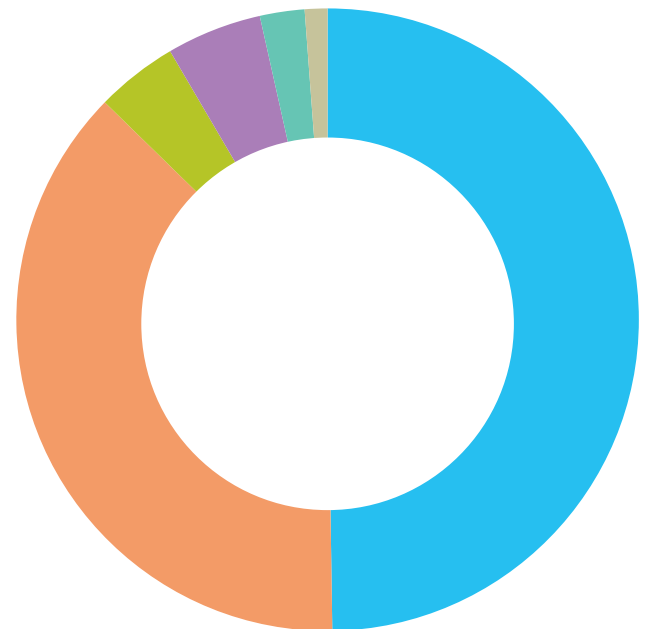
Our spend

Our spend for 2014-15 was

£310,073

This came from:

- Staff: Director, HIT Programme Manager, Communications Manager, Management Assistant, HIT Evaluation Officer, UH Bristol finance team support **£154,286**
- HITs support **£116,417**
- Communications **£13,190**
- Events **£15,333**
- Training **£7,194**
- Office consumables and stationery **£3,653**



| Our Health Integration Teams

Health Integration Teams (HITs) are cross-organisational, inter-disciplinary groups of health professionals, academics, patients and the public that look at particular health issues or conditions. These pioneering teams are started by passionate experts in their field, and accredited by our Executive. We now have 18, with four others in the pipeline. Our HIT Directors give an update on what they've achieved this year.

Improving Care in Self-Harm

Salena Williams

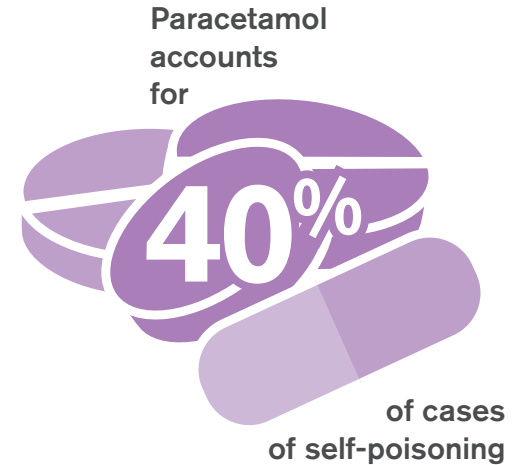
Suicide prevention is a national priority and self-harm is the strongest risk factor for suicide; half of all people who take their own lives have previously self-harmed. The Improving Care in Self-Harm (STITCH) HIT is working to reduce the number of suicides and self-harm episodes in the Bristol area by improving treatment and care for people who self-harm, transforming understanding across the health service and ensuring treatment is evidence based.

Bristol commissioners have funded extended hours and the expansion of the Psychiatric Liaison Team at University Hospitals Bristol NHS Foundation Trust. The team now operate seven days a week from 8am to 10pm. One of the aims of this investment is that more patients who have self-harmed receive psychiatric assessment.

We also strive to improve patient satisfaction and health outcomes. Our activities are underpinned by the Bristol-wide Self-Harm Surveillance Register, which provides crucial information for self-harm care in Emergency Departments in Bristol, as well as ensuring all service changes are evaluated in real-time. This approach is being adopted elsewhere in the West, including in Bath, Swindon and Salisbury.

STITCH has called for an overhaul of prescribing rules, which triggered an investigation by the British Medical Association's General Practitioner Committee into the dispensing of medicines lethal in overdose. We are also improving treatment and care for people who self-harm by using research to identify gaps in service provision. The Self Injury, Self Help involvement group have developed a leaflet on self-harm for Emergency Departments.

STITCH has called for an overhaul of prescribing rules, which triggered an investigation by the British Medical Association's General Practitioner Committee into the dispensing of medicines lethal in overdose



We aim to improve staff knowledge, attitudes and management of people who self-harm or who are at risk of suicide. Service users and mental health staff are working on self-harm care training for Emergency Department staff, and we are continuing our training for GPs.

Over the last year more than 100 self-harm patients have contributed to three research projects, with research papers published in major journals. We have also successfully bid for National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West (NIHR CLAHRC West) research into patient reported outcome measures.

www.bristolhealthpartners.org.uk/stitch

Integrated Pain Management

Professor David Wynick

The Integrated Pain Management (IPM) HIT, established in spring 2014, aims to provide a fully integrated, multi-disciplinary, lifespan clinical service for chronic pain across the Bristol and Bath area. Over the past year, we have increased our membership to include representatives from Clinical Commissioning Groups (CCGs) and community pharmacy, as well as maintaining a core of highly specialised clinicians and researchers.

We've submitted a proposal to the local CCGs to pilot a multi-disciplinary community assessment pain clinic. We're exploring developing a single clinical pain database, using an agreed core dataset of chronic pain diagnoses and medications, enabling demographic and outcome data to be captured across all HIT member trusts.

We are developing a training prospectus for qualified health professionals and academics, to showcase courses and events hosted by HIT members. The national specialist chronic pain service in Bath regularly hosts a pain forum for professionals, and IPM HIT will be supporting these events in the near future. We're also exploring opportunities for medical trainees.

We are committed to setting up a patient and public involvement (PPI) group. We are working on developing this group, and aim to host a patient forum event within the next 9-12 months.

www.bristolhealthpartners.org.uk/ipm



Over 25%
of people with
chronic pain lose
their jobs within
five years
of diagnosis

Child Injury

Dr Julie Mytton

Each year in England
approximately **452,000**
children under 5
attend an emergency department
following an unintentional injury,
40,000 are admitted to
hospital, and **about 60**
die. Most of these injuries are
potentially preventable



The Child Injury Prevention and Injury Care (CIPIC) HIT considers the prevention, pre-hospital and hospital care, and rehabilitation of children and adolescents sustaining injuries. Specialist paediatric services, including trauma care, were centralised at University Hospitals Bristol (UH Bristol) in May 2014, a major re-organisation of services leading to changes to care pathways. In March 2015 UH Bristol had its first peer review inspection of its paediatric major trauma centre services, and were commended on their team working, communication and patient tracking and data collection systems. We held our first conference at the Watershed in Bristol in September with Eustace DeSousa, Lead for Children and Families at Public Health England, as a key note speaker.

We are strengthening our links with Bristol City Council, who have published a five year action plan for a Safe Systems approach to road safety. We are working closely with Avonsafe, an injury prevention partnership covering the West of England, and have contributed to the update of the West of England Injury Prevention Strategy. Our joined-up prevention, care and rehabilitation model is attracting interest, with requests to present at meetings in Southampton, Exeter and at the Faculty of Paediatric Neuropsychology conference, which this year focused on traumatic brain injury in children.

Our burns and scalds theme has secured funding from the Roald Dahl Marvellous Nurse Inventing Room fund, to work with parents and children on a film of the journey following a moderate to severe burn injury. We also have a major award from the NIHR Research for Patient Benefit programme, for a feasibility study of a low friction environment for treating burn patients. The head injuries team is working on a feasibility study of support for parents of young children who sustain a mild head injury, to reduce the risks of post-concussion syndrome. We are developing ways to record rehabilitation services' work, and the outcomes for their patients, so that we have a baseline from which we can assess progress.

www.bristolhealthpartners.org.uk/cipic

Respiratory Infections

Professor Alastair Hay

Every winter health care services are overwhelmed by patients with respiratory tract infections (RTIs). Children play a key role in respiratory infection transmission, with enormous cost implications for societies and healthcare systems worldwide. And increasing patient demand for and use of antibiotics reduce their effectiveness. The Respiratory Infections HIT (RuBICoN) aims to reduce the burden of respiratory infections on both the NHS and the community.

Our active PPI group informs our grant applications and has given guidance on the information materials we produce, supporting the translation of evidence into practice.

We have led changes to the bronchiectasis HOT clinic at North Bristol NHS Trust, allowing individuals to make direct contact with the clinic when they are unwell, facilitating rapid access to specialist care. We hope this will result in faster, more appropriate care and reduce hospital admissions.

The NIHR Health Technology Assessment programme has funded an evaluation of analgesic ear drops as an alternative to antibiotics for middle ear infection pain, a common respiratory infection

of children. We have also received NIHR Health Protection Research Units funding for a community-based prospective cohort study, to investigate the determinants of primary care use for children with RTIs. This will lay the foundations for an intervention to improve parents' use of primary care.

One of our Medical Microbiologists, Richard Brindle, has worked closely with the GP support unit at the Bristol Royal Infirmary to review patients and reduce admissions. Our clinical trial on cellulitis has enabled us to reduce admissions and their duration, by providing a safe system for outpatient management. We are also collecting information on intravenous versus oral treatment, which may allow some patients with cellulitis to be safely managed on oral antibiotics.

We have completed mapping the educational provision around infection prevention and control in the NHS locally. We will extend this to encompass information from local authorities, the Department for Education and Public Health England, to inform educational packages for all carers of pre-school children including child minders, nurseries and Sure Start staff.

www.bristolhealthpartners.org.uk/rubicon

We have completed mapping the educational provision around infection prevention and control in the NHS locally



Dementia

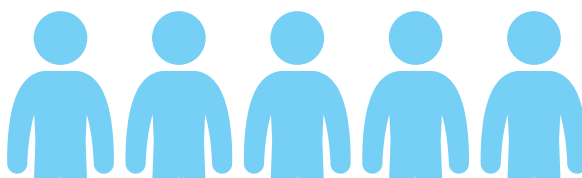
Dr Elizabeth Coulthard

The Dementia HIT aims to achieve the best quality of life for people and families living with dementia. During our first two years we have made significant strides towards this goal. We are now set to contribute more to the enhancement of dementia care, through becoming the strategic driver across Bristol and South Gloucestershire, directly accountable through commissioners to Health and Wellbeing Boards. The number of people being diagnosed with dementia continues to rise, with more diagnoses in primary care.

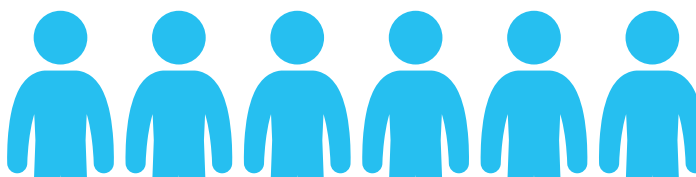
The Bristol Dementia Wellbeing Service launched in October, provided by the Bristol Dementia Partnership which brings together the Alzheimer's Society and Devon Partnership NHS Trust. The South Gloucestershire Dementia Action Alliance launched in January, following on from the success of the Patchway pilot. The Alliance works with communities, schools and individuals to create dementia-friendly communities by raising awareness.

Our well-received conference in October showcased the range of dementia-related work in Bristol and South Gloucestershire. The event was attended by over 200 people, including people affected by dementia, members of the public and health and social care professionals. Other events organised by the Dementia HIT's partners and collaborators include BRACE's 'Dementia: Hope for the future', and 'FORGETWest', organised by researchers at the Universities of the West of England and Bristol.

Dementia diagnosis rates in Bristol



2012-13 = 49.79%



2014-15 = 60.64%

Research is a major focus, encompassing clinical drug trials, psychosocial approaches to dementia, service evaluation, and imaging to improve diagnosis. We are working with NIHR CLAHRC West on two pieces of work, one of which is in collaboration with the Integration to Avoid Hospital Admissions HIT. Through Avon and Wiltshire Mental Health Partnership, we are involved in Join Dementia Research, creating a national register of people living with dementia that wish to participate in research.

North Bristol Trust is running the international TOMMORROW study, recruiting healthy individuals to explore whether a new test can predict the genetic risk for developing Alzheimer's Disease, and test the safety and effectiveness of medication to delay the first symptoms of memory problems. North Bristol Trust is also running several studies to test medications that might slow the progression of dementia.

We are developing our ongoing collaboration with the public and patients through our PPI facilitator. People affected by dementia can now sign-up to be involved in shaping our work and this has already contributed to grant funding applications. Professionals can access these individuals via the facilitator for input into their work.

www.bristolhealthpartners.org.uk/dementia

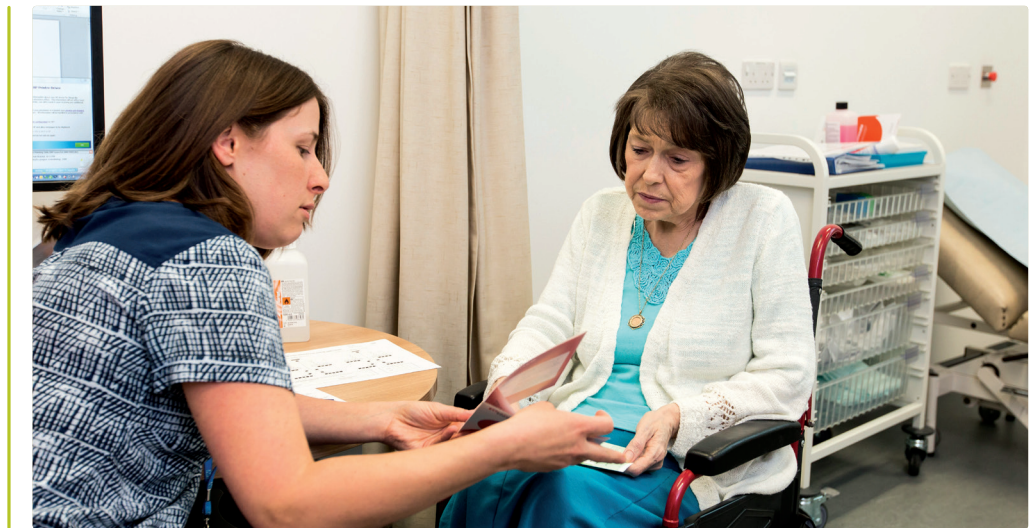
Bristol Bones and Joints

Dr Emma Clark, Professor Ashley Blom and Professor Sarah Hewlett

The Bones and Joints HIT covers three disease areas: osteoarthritis, osteoporosis and inflammatory arthritis, united and underpinned by three themes of patient self-management, patient and public involvement and information technology.

Our main achievement in osteoarthritis has been to increase the proportion of older patients receiving cemented hip replacements from 40 to 92 per cent across Bristol. This has resulted in better outcomes for patients and savings at North Bristol Trust of £170,000 per year. We are working with the West of England Academic Health Science Network to take this forward on a regional scale. Our research priority is surgical infection, with a randomised control trial in Bristol.

In osteoporosis, we have developed patient-based quality indicators for the pan-Bristol bone-densitometry DXA scanning service. We ran a meeting for Bristol osteoporosis specialists and dentists to discuss joint approaches to osteonecrosis of the jaw. We continue to have bi-annual meetings to share information and expertise, and are working on incorporating vertebral fractures into the commissioned Fracture Liaison Service across Bristol. Our research priority is improving adherence to osteoporosis medication.



We continue to use the standard drug monitoring programmes that we have developed for inflammatory arthritis, in place across the city in secondary and primary care. The new rheumatoid arthritis patient pathway in University Hospitals Bristol, based on review and pragmatic implementation of current best evidence in consultation with staff and patients, won a national Best Practice Award from the British Society of Rheumatology. North Bristol Trust is now also developing a pathway.

Local clinical commissioner leads for long term conditions and self-care are supporting our research priorities in this area. We are scoping self-management services across the HIT to improve access. Our current research is to understand the self-management needs of men with rheumatoid arthritis; to develop ways of supporting patient activation into self-management, and a randomised control trial of cognitive behavioural approaches to fatigue self-management, delivered by the clinical team and recruiting from both trusts, as well as nationally. Our research aim is to develop and test rheumatology team training to enhance self-management during routine consultations.

We held a second patient and public consultation day in April 2014, in which rheumatoid and osteoarthritis patients discussed patient involvement, self-management and research priorities. The next consultation day in June 2015, will focus on how to increase patient involvement in teaching and research.

We are developing the initial 'single point of entry' website for patients, clinicians and researchers across Bristol, offering local information on musculoskeletal disease, care pathways and research. This will be tested by patients at the June meeting.

www.bristolhealthpartners.org.uk/bonesandjoints

Bristol Immunisation Group

Professor Adam Finn, Dr Julie Yates and Dr Marion Roderick

The UK's immunisation programme is expanding and changing to deliver the latest vaccines to the population, preventing serious diseases. Bristol faces specific challenges in delivering the programme in an accessible, equitable way to the population who needs it.

The Bristol Immunisation Group (BIG HIT) aims to strengthen and support our child health database, the backbone for organising the delivery and monitoring of childhood immunisation. We also aim to improve the programme by developing school-based immunisation and identifying vulnerable areas of the programme for targeted action. We will also provide a forum through which collaborative research in immunisation delivery, mapping and technological advances can be used to strengthen the immunisation process.

Still in our first year, we are completing a variety of reports to enable us to identify the strengths and weaknesses of our immunisation programme, including an immunisation health needs assessment, mapping of immunisation training needs, identifying clear pathways for hepatitis B, BCG and immunisation in pregnancy.

www.bristolhealthpartners.org.uk/immunisation



Integration to Avoid Hospital Admissions

Professor Sarah Purdy

The Integration to Avoid Hospital Admissions HIT (ITHAcA) has continued to focus on ways to reduce the complexity in the urgent care system. To achieve this we have broadened our work to encompass a wider view of urgent care. We now have three priority themes: avoidable hospital admissions (with a focus on chronic obstructive disease (COPD), dementia and childhood asthma), the management of risk and using data to inform commissioning.

We have obtained funding and begun work on an evaluation of the effectiveness of 'care bundles' for patients with COPD, a systematic review of managing uncertainty to reduce bed days for older patients and an exploratory study to understand urgent care service use for childhood asthma in Bristol.

Helen Baxter, coordinator for ITHAcA, has taken on a role as Researcher in Residence focusing on urgent care for the three local CCGs

We are exploring how we can work more closely with commissioning colleagues and Peter Goyder, the Urgent Care Clinical Lead from Bristol CCG, has joined our directorate to help us achieve this. Helen Baxter, coordinator for ITHAcA, has taken on a role as Researcher in Residence focusing on urgent care for the three local CCGs. From this joint working two research studies have been co-produced with clinical and commissioning colleagues: an investigation of discharge from secondary into primary care for

elderly patients and developing a 'rule' for managing abnormal test results in out-of-hours primary care. These studies have been supported by funding and resources from Avon Primary Care Research Collaborative and NIHR CLAHRC West.

We plan to continue this productive relationship to develop more research studies in line with the commissioning priorities in urgent care.

www.bristolhealthpartners.org.uk/ithaca

Parkinson's and Other Movement Disorders

Dr Alan Whone

The Bristol Brain Centre at Southmead Hospital opens in May 2015, following a big fundraising push. This will be the home of the clinical care and research facility for Parkinson's and other movement disorders at North Bristol Trust, along with dementia and multiple sclerosis. This provides the hub for our hub and spoke model for Parkinson's services across Bristol, North Somerset and South Gloucestershire (BNSSG) and will enable full integration of holistic service provision with clinical research. Our patient and public involvement group was consulted and has influenced the design and furnishings of the centre.

As well as clinic space, the centre has a Parkinson's information support room staffed by Parkinson's UK and trained patients, and a gym for physical rehabilitation and self-management classes. There is a day-case unit for advanced therapies such as deep brain stimulation and brain infusions of experimental nerve growth factor (GDNF) for Parkinson's. Our charity appeal part-funded this centre, with fundraising and events led by our local Parkinson's population.

Our patient and public involvement group was consulted and has influenced the design and furnishings of the centre



We have the results of our audit of BNSSG Parkinson's service provision from Neurological Commissioning Support. The audit showed that though professionals are delivering a high standard of care, there is a need for support at a strategic level and greater joined up working across our region if we are to remove disparities and achieve key performance indicators.

The next step is to develop a fully integrated Parkinson's pathway, accessible to professionals, including GPs, online. This will not only signpost services, but will include evidence based recommendations and literature, guidelines and referral details. Commissioners from North Somerset and South Gloucestershire, along with the Chief Executive of Parkinson's UK, attended our launch meeting for the pathway project and working groups are underway.

Our research programme aims to improve quality of life for people living with Parkinson's. It has two arms. The first aims to address unmet symptom needs, 'helping people with Parkinson's live better today'. The results of the ReSPonD trial, evaluating the effect of Rivastigmine on gait in Parkinson's, will be released later this year. The other arm addresses unmet neuro-protective and neuro-restorative needs, 'giving people with Parkinson's hope for the future'. Our internationally awaited trial assessing whether monthly brain infusions of GDNF can restore neurones and reverse Parkinson's, has just completed recruitment with 42 subjects having undergone novel neurosurgery.

We are looking forward to the year ahead, as our hub gets up and running and our trials begin to yield results.

www.bristolhealthpartners.org.uk/move

Retinal Outreach, Integration and Research

Professor Andrew Dick and Dr Clare Bailey



of patients rated the new service as **very good or excellent**, with the remaining 2% rating them as good

The Retinal Outreach, Integration and Research (RENOIR) HIT builds on Bristol Eye Hospital's existing regional, national and international strengths. Bristol Eye Hospital has a national profile for the delivery of high quality and cost-effective clinical services. Expanding our services through a modernised system using outreach clinics has allowed the NHS to treat more people closer to home, improving patient choice and making new drugs available via research to people who might not otherwise have access to them.

We have responded to the increase in retinal conditions, by designing and delivering optimal and cost efficient care. Our outreach programme provides equity of care in our community, to allow patients to be treated closer to their home to the same standards they would expect from the Bristol Eye Hospital. We opened a new site at South Bristol Community Hospital in July 2013, followed by a site at a GP practice in Worle, close to Weston-Super-Mare, in October 2014. Both of these services have received excellent feedback from the patients using them.

We have secured funding for a mobile macular unit which will visit locations in South Gloucestershire, with clinics starting there in late 2015.

We have developed research and NICE guideline-informed care pathways. Initial consultation and diagnosis happens at Bristol Eye Hospital, before patients are moved into appropriate care pathways for follow-up at one of the outreach locations. Patients are given opportunities to participate in research trials, whether they're seen in the outreach locations or at Bristol Eye Hospital, with 337 patients recruited into clinical studies in the last year.

We have enhanced our services through the use of modern imaging developments and IT, and extending our team's skills. We have already recruited, trained and extended the role of optometrists, technical staff and nurses, leading to a more cost-effective delivery of services.

www.bristolhealthpartners.org.uk/renoir

Psychological Therapies in Primary Care

Dr Nicola Wiles and Dr David Kessler

Our HIT aims to improve the psychological care for patients with depression, anxiety and other common mental disorders. These are a major cause of disability, and patients express a preference for psychological therapy rather than medication. We also want to innovate, and one of our major themes is the development of online technology to improve access to psychological treatments.

We are a new HIT and are just getting started. We have developed a strong leadership team which brings together commissioners, the council, patients, clinicians and academics. We had our inaugural meeting of the wider HIT group in March where we heard presentations on patient involvement, equality and diversity, the delivery of therapy, and the re-commissioning of primary care mental health services that is under way.

From this meeting we've identified three themes to focus on: improving access to service, technological innovation, testing and engagement with therapy, and PPI.

Our short and medium term goals are to work to inform changes in service design and provision now and to add an evaluative component to the design of the new service.

In the longer term, our goals are more ambitious. We want to bring the latest evidence into practice, to improve engagement with psychological therapies. We will also strive to expand access to psychological therapies through digital innovation, including a new model of the delivery of cognitive behavioural therapy integrating the work of the therapist with online materials.

www.bristolhealthpartners.org.uk/inpsyte

In Bristol in **2013/14**,
more than 40%
of patients referred to
Improving Access to
Psychological Therapies
services did not engage
with the service



Bristol Network for Equality in Early Years Health and Wellbeing

Dr Patricia Lucas and Dr Jo Williams

The Bristol Network for Equality in Early Years Health and Wellbeing (BoNEE) brings together researchers, doctors, nurses, children's centre staff, community groups and parents, to tackle the health inequalities that have a profound and lifelong impact on the health and wellbeing of children. Deprivation in Bristol is higher than average for England, with nearly 20,000 children living in poverty. Around one in 13 children in Bristol has a chronic or potentially disabling condition which impacts on their daily lives. With a rising child population, Bristol needs a local evidence base along with staff and services that recognise and respond to inequalities in children's health.

We have identified three priority areas, covering antenatal to children aged seven. These are oral health, early nutrition and social and emotional wellbeing, and these focus activities in our working groups. These areas are underpinned by the cross-cutting themes of involving people in solutions and reducing the impact of poverty.

BoNEE officially launched in November with an exhibition, 'Head, Shoulders, Knees and Toes: young children's pictures of health', at the Trinity Centre in Bristol. As part of this project, we asked children in children's centres to draw pictures of their bodies and what keeps them healthy. We produced a short video on how we worked with the children to make the art, which was shown at the event. It was also an opportunity for parents and other attendees to tell us what they thought the health priorities for children under seven in Bristol should be. The launch was covered by local media including the Bristol Post and ITV West Country.

We are also working on a study to better understand oral health in Bristol, and how it varies from area to area. We will look at dental hospital records of who is attending for dental extractions, develop a better understanding of what happens when children do visit the dentist, and gather parents' views and experiences of oral health services in Bristol. We were also lucky enough to host a talk in March from Professor Lisa Gibbs of the Jack Brockhoff Child Health and Wellbeing Programme at the University of Melbourne, on cross-sectoral action to maximise good oral health in children.

www.bristolhealthpartners.org.uk/bonee

Deprivation in Bristol is higher than average for England, with nearly 20,000 children living in poverty



Improving Perinatal Mental Health

Dr Jonathan Evans and Inge Shepherd

Pregnancy and the early postnatal period are particularly important for the mental health and wellbeing of families. Detecting, treating and preventing mental health problems in mothers and fathers at this time will pass benefits on to the next generation.

Across Bristol there are around 12,000 women who give birth every year and over 1,000 of these mothers will experience levels of depression or anxiety sufficient for them to benefit from treatment. This may be through psychological therapies or medicines. A further 120 women will have more severe mental health problems, either pre-existing or, for about 20 of these women, a new onset of psychosis.

Out of 12,000 women
who give birth every year
over 1,000 of these
mothers will experience levels of
depression or anxiety sufficient for them
to benefit from treatment



Detecting, treating and preventing mental health problems in mothers and fathers at this time will pass benefits on to the next generation

In the first year of this HIT we have drawn together professionals from midwifery, obstetrics, health visiting, psychiatry, psychology, general practice, infant mental health and children's centres, along with commissioners and researchers, to work at improving the care of mothers, father and infants at this time.

We have developed work streams focusing on the care pathway, developing a business case for a perinatal mental health team, training and education, and approaches to universal prevention. Another stream will develop capacity for patient and public involvement across the HIT.

An early priority has been to make the case for commissioning a perinatal mental health service to provide assessment and treatment, contribute to training and to ensure high standards and governance of the whole care pathway. This is being negotiated with Bristol CCG.

All women are screened for depression during pregnancy and we have audited the data collected from 12,000 women. About 7 per cent are identified as requesting help during pregnancy, which is lower than expected. We have seen an increase in referral for psychological treatment since the services available have been made clearer to midwives, partly as a result of setting up this HIT. Our aim for the next year is to improve the recognition of mental health problems in pregnancy and the postnatal period, and clarify the pathway once these problems are recognised to ensure the correct advice and treatment is given to women.

We are also developing research proposals including ways of helping fathers to support partners with mental health problems, and interventions that could improve the emotional preparations for becoming a parent and their overall health.

www.bristolhealthpartners.org.uk/improve

Active People: Promoting Healthy Life Expectancy

Professor Salena Gray and Dr Afroditi Stathi

Active People: Promoting Healthy Life Expectancy (APPHLE) aims to increase the understanding of the role of physical activity and 'getting out and about' for the health and wellbeing of older people. In middle aged and older people, physical activity helps individuals maintain their physical and mental function and reduces their risk of disease, yet levels of activity generally are extremely low. Sedentary behaviour dramatically increases health risk in older people and disproportionately affects people with low socio-economic status.

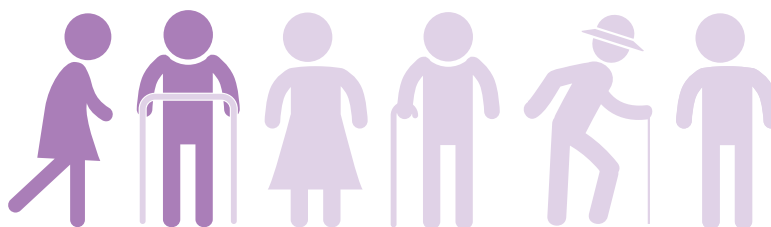
We have established a steering group with links to key organisations, including LinkAge, RSVP West (Retired and Senior Volunteer Programme), Bristol Ageing Better, Bristol, Bath and North East Somerset and South Gloucestershire Councils, academics from the Universities of Bath, Bristol and West of England, and Public Health England.

Project ACE (Active, Connected Engaged), led by Afroditi at the University of Bath in collaboration with the Universities of Bristol and West of England, was highlighted as one of only two UK initiatives to be classified as a 'promising practice' by Public Health England. Their review of 952 initiatives identified what works for local physical inactivity interventions. ACE explores whether peer volunteering encourages older people to take part in physical and social activities. A low-cost and sustainable intervention, ACE has already been adopted by LinkAge in Bristol and we are working to bring it to more areas of the city.

We have submitted a grant application to look at an intervention to increase levels of physical activity in older people with mobility limitations. We have also examined patterns of physical activity in older people using the Bristol Quality of Life Survey, identifying significant variation in different parts of the city and in different populations.

We are collaborating with NIHR CLAHRC West and the Supporting Healthy Inclusive Neighbourhood Environments (SHINE) HIT on a systematic review looking at the evidence that changes in the built environment can impact on wellbeing and quality of life. We are also mapping physical activity services, giving opportunities to collect systematic data and to strengthen links between those working on physical activity in local authorities and those involved in planning, transport and green space management.

www.bristolhealthpartners.org.uk/apphle



**Less than a third of 65-74
year olds** and less than one in eight
adults aged 75 years and over
have done physical activity lasting **at least**
10 minutes in the previous four weeks

**Sedentary behaviour dramatically
increases health risk in older
people and disproportionately
affects people with low
socio-economic status**

Supporting Healthy Inclusive Neighbourhood Environments

Dr Suzanne Audrey, Dr Adrian Davis and Marcus Grant

The Supporting Healthy Inclusive Neighbourhood Environments (SHINE) HIT works with neighbourhoods in an inter-generational, inter-disciplinary way, involving local people, policy makers, practitioners and academics. We held our second review meeting in April 2015, where we identified several themes to take forward: child friendly city; age friendly city; transport and access; open streets and public spaces; and nature in the urban environment.



Suzanne is the principal investigator of the Travel to Work randomised control trial, evaluating a walk to work intervention in the Bath, South Gloucestershire and Swansea areas. She is on the planning group of Bristol Walking Festival, and speaks regularly at public events to highlight the importance of supporting walking in the urban environment. She is also the principal investigator for a systematic review with NIHR CLAHRC West, examining the impact of changes to the urban environment on mental health and wellbeing.

Adrian produces 'essential evidence' briefing papers relating to health and transport for Bristol City Council. He continues to work on the implementation of 20mph speed limits in Bristol, including a YouGov survey of British attitudes and reported behaviours regarding 20mph, leading to three peer reviewed papers. He also led a review of the evidence on academic attainment and physical activity, and the Traffic Choices project.

Marcus is advisor to the World Health Organisation (WHO) Europe Healthy Cities programme. He is on the Scientific Committee for the international conference 'Nature-Based Solutions to Societal Challenges' in Ghent, May 2015, where he is presenting and is co-investigator on the Economic and Social Research Council network on re-thinking the evidence base for planning and health. He is developing the built environment professions' understanding of health and the urban realm through his work on the policy committee of the Landscape Institute.

Marcus and Adrian are both helping WHO Europe to update their guidance for age friendly cities.

www.bristolhealthpartners.org.uk/shine

Chronic Kidney Disease

Dr Udaya Udayaraj

The Chronic Kidney Disease (CKD) HIT aims to improve outcomes for patients with kidney disease in the Bristol area through prevention, improved patient care, education and research. The Health Survey for England found that 6 to 7 per cent of the population has kidney function of less than 60 per cent, rising to over 30 per cent in over 75s.

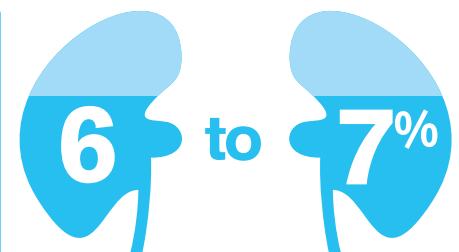
Acute kidney injury (AKI) is seen in 15 per cent of all admissions to hospital and 20-30 per cent of these are avoidable. Almost £1 billion is spent on managing patients with AKI each year. We have set up an AKI working group in North Bristol Trust, in collaboration with other trusts in the region, to improve AKI management through early detection,

development of care guidelines and bundles, training and raising awareness of AKI among health care professionals and the public.

We are setting up a telephone clinic service for CKD and kidney transplant patients. We will work with NIHR CLAHRC West on a feasibility study for the service and evaluate it in terms of financial savings, patient satisfaction, and reducing carbon footprint.

Our patient representatives are exploring the feasibility of a patient and public run hospital transport system using volunteers.

www.bristolhealthpartners.org.uk/ckd



of the population has kidney function of less than **60%**, rising to over **30%** in over 75s

Sexual Health Improvement for Population and Patients

Professor John Macleod

The Sexual Health Improvement for Population and Patients (SHIPP) HIT works to promote evidence based sexual health improvement. We won bids to the NIHR Health Protection Research Unit and NIHR CLAHRC West to pilot centralised telephone-based management of chlamydia and gonorrhoea diagnosed in the community. This is being evaluated in 11 south Bristol practices.

Reducing late HIV diagnosis is a priority for SHIPP and we will submit an application to the NIHR Research for Patient Benefit programme. The audit project underpinning some of our work in this area was 'highly commended' at the 2015 annual conference of the British HIV Association. We have audited the PPI practice of sexual health services across Bristol, helping to ensure that patients' views inform commissioning. This work has been presented at the NIHR INVOLVE conference.

Bristol City Council is updating the sexual health element of their Joint Strategic Needs Assessment to inform their commissioning strategy. In Bristol, North Somerset and South Gloucestershire (BNSSG) we are in the possibly unique position of having detailed independent local population based data on sexual health, collected as part of the Avon Longitudinal Study of Parents and Children – also known as Children of the 90s. Using local data to inform commissioning of local services is an important part of our impact.

The audit project underpinning our work in reducing late HIV diagnosis was 'highly commended' at the 2015 annual conference of the British HIV Association

Gene Feder and his team at the University of Bristol are looking at how primary care staff can recognise and respond to intimate partner violence. This work was one of 10 'impact case studies' submitted by the School of Social and Community Medicine to the 2014 Research Excellence Framework (REF). The REF panel of independent experts judged this work as world leading. Funding from the Wellcome Trust and the Elizabeth Blackwell Institute has supported adaptation of this intervention in sexual health care settings. Funding from NIHR CLAHRC West will see it extended to other sites.

Patrick Horner's work on non-gonococcal urethritis (NGU) and Mycoplasma genitalium has led to changes in the way this condition is treated in

sexual health departments across BNSSG. He has submitted a proposal to the NIHR Health Services and Delivery research programme to pilot a 'same day one stop shop' HIV and sexually transmitted infection testing service, aimed at harder to reach men who have sex with men. Economic evaluation of chlamydia and gonorrhoea point of care testing in men with symptoms of NGU attending the Bristol Sexual Health Centre will be completed this summer.

SHIPP's work has also informed the evidence summary supporting chlamydia screening produced by Public Health England, which is published on the National Chlamydia Screening Programme website.

www.bristolhealthpartners.org.uk/shipp



Addictions

Professor Matt Hickman, Barbara Coleman and Dr Tim Williams

We aim to support the development and commissioning of evidence-based services to improve the health of people dependent on drugs and alcohol, and reduce drug and alcohol related harm.

Excessive alcohol use is the third leading risk factor for morbidity in Western Europe. Liver disease is the fifth most common cause of death in the UK and on the increase, caused primarily by excessive drinking and hepatitis C (HCV). Over 85 per cent of HCV in the UK is due to injecting drug use, and opiate related deaths are a major contributor to premature mortality. Excessive drinking may be associated with half of all violent crimes. The annual social and economic costs of problem drug use are estimated to be £12 billion and £21 billion for alcohol related harm. Young people in the UK report some of the highest rates of alcohol consumption and hazardous drinking in Europe.



Excessive alcohol use is the **third leading risk factor for morbidity** in Western Europe.

Liver disease is the **fifth most common cause of death** in the UK

We have had a number of successes in NIHR funding bids. One piece of work will evaluate the impact of opiate substitution treatment on drug related deaths in the population using Clinical Practice Research Datalink. We are also looking at how to improve HCV case finding in primary care and specialist drug clinics in a randomised control trial in Bristol, North Somerset and South Gloucestershire, to test an algorithm in GP computer systems. An investigation of the cost-effectiveness of needle syringe programmes in Bristol will include a Cochrane systematic review of the impact of these programmes and opiate substitution treatment on HCV transmission.

A pilot of alcohol screening and 'brief intervention' in Bristol & Somerset Constabulary custody suites and an evaluation of DrinkThink, an intervention developed in Bath and North East Somerset to train agencies in contact with young people, have both been funded by NIHR.

We are working with NIHR CLAHRC West on two projects. One is a qualitative investigation of user preferences and attitudes to low vs high dead space syringes. The other is a systematic review of whether addressing malnutrition in alcohol dependent people could prevent cognitive deficit and alcohol related brain damage.

www.bristolhealthpartners.org.uk/addictions

Highlights from the partners

In the last year, one of Europe's most advanced hospitals opened in Bristol, while both universities performed strongly in health related subjects in the Research Excellence Framework. The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West and a new synthetic biology research centre, BrisSynBio, both launched.

Bristol's newest hospital

Bristol's newest hospital, the Brunel building at North Bristol NHS Trust's (NBT) Southmead site, is one of the most advanced hospitals in Europe. It opened on 28 May 2014, offering state-of-the-art care in a purpose built environment, designed with the patient's privacy and dignity in mind.

Its 24 operating theatres are fitted with cutting-edge equipment, and NBT is the first in the UK to adopt new generation software-based integrated theatres on such a large scale, allowing surgeons to call up data and images at the touch of a screen.

Robots operate in staff areas to transport goods. Power is partly supplied by biofuel and the position of the building ensures the warmth of the sun is fully utilised in heating it. Patients benefit from 75 per cent single occupancy rooms and special corridors away from public spaces. Rooms also have natural ventilation.

The Clinical Research Centre at Southmead Hospital also opened in May 2014 and since then 2,000 patients have been seen. The centre brings together researchers from all disciplines across the Trust, enabling them to work together and share best practice. The centre ensures patients are given the best possible experience of taking part in research while being given advice and support relevant to the study and their diagnosis. The learning and research building has been extended to house clinical sciences researchers from the University of Bristol alongside NBT researchers.

Centralising ill services and improving facilities at UH Bristol

In May 2014 a decade of planning came to fruition when specialist children's services at NBT's now closed Frenchay Hospital moved to University Hospitals Bristol NHS Foundation Trust's (UH Bristol) extended Bristol Royal Hospital for Children. The new helideck on the roof of the Bristol Royal Infirmary also became operational to transfer seriously ill and injured patients as quickly as possible. Centralising these services was first recommended in 2001 and the health services in and around Bristol have been planning this move for over a decade.

November saw the final inpatient wards moved out of the Old Building, built in 1735. The patients moved into the Queen's Building and a newly constructed ward block. Among the facilities in the new block are state-of-the-art medical assessment units for older people and intensive care.

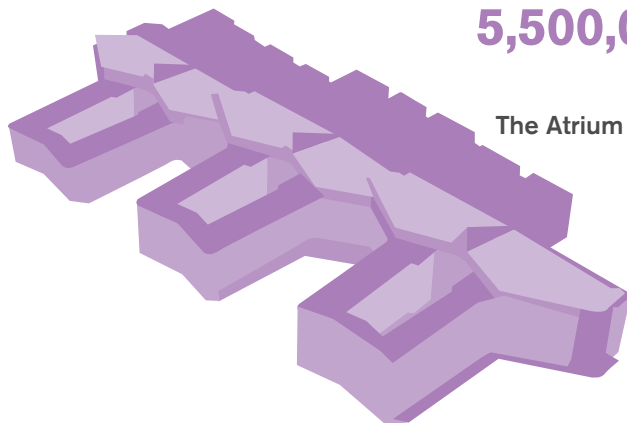
In January UH Bristol launched a new generation linear accelerator machine at the Bristol Haematology and Oncology Centre. The first in the region, it can be used on a wide range of tumours, including more complex ones where highly accurate targeting is needed. The machine can complete many treatments in a much shorter time, meaning less discomfort for patients, and uses 30 per cent less energy than previous models.

The construction of the Brunel building used **46,000m³** of concrete

7,000 tonnes of structural steel, **1,750,000m** of data cabling

5,500,000m of electrical cable

The Atrium is **280m** long and is the same height as the nave of Westminster Abbey



NIHR CLAHRC West launches

The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West (NIHR CLAHRC West), hosted by UH Bristol, got off the ground in 2014. At its launch event in November Professor Dame Sally Davies, Chief Medical Officer for England, said: "You wouldn't have won the CLAHRC if you didn't do high quality research. And we do expect - and with Jenny Donovan as the leader I know it will be - the highest quality of research."

Following their first call for projects and ideas in September, the portfolio of 27 projects the team will work on was announced in January. Several of these are projects put forward by Bristol Health Partners Health Integration Teams (HITs), as well as from partners in the wider CLAHRC West region.

CLAHRC West Director Jenny Donovan said: "The range and scope of this first round of projects submitted by the health community, including HITs, has been very impressive. The projects being taken forward show a wide range of activity, from evaluating existing or proposed services, to reviewing and building evidence, and all aim to improve health and care across the West. We look forward to working collaboratively with all our partners on these, and future, projects. The response to our first call was fantastic, and I would like to take this opportunity to thank all the research proposal and idea applicants who have helped us develop such an exciting programme of work."

CLAHRC West has produced a thematic analysis of local health organisations' strategic priorities and is examining the HIT model, to describe how forming HITs brings people together to improve health and health outcomes.

Synthetic biology research centre opens

A new £15 million synthetic biology research centre, BrisSynBio, opened at the University of Bristol in April 2015. The research carried out there will have many applications, including helping to speed up drug discovery and development.

Professor Dek Woolfson, Director of BrisSynBio, said: "This is an exciting day for us at the Universities of Bristol and the West of England. It represents the culmination of a lot of hard work over the past two years that brought together scientists and administrators with the vision and determination to deliver an internationally leading research centre for synthetic biology."

The centre's new equipment includes scientific robots, a state-of-the-art instrument for biological nuclear magnetic resonance spectroscopy, and a dedicated super computer. With these new facilities BrisSynBio will tackle research problems such as introducing enzymes that make antibiotics into bacteria and assembling proteins to make vaccines targeting dengue fever.

Cutting edge studies and groundbreaking findings

The NIHR Biomedical Research Unit in Nutrition, Diet and Lifestyle at UH Bristol and the University of Bristol has published a study exploring the link between diet and a reduced risk of developing prostate cancer. Led by Richard Martin, Professor of Clinical Epidemiology, the study team developed an index of nutrients associated with a reduction in developing this type of cancer: lycopene (a bright red constituent found in foods such as processed tomatoes), calcium and selenium.

Vanessa Er, a PhD student who worked on the project, explains the findings: "We found that men who had an optimal intake of these three nutrients had a reduction in risk compared to those who didn't. It appears that men who had over 10 portions a week of lycopene-rich foods, actually had an 18 per cent risk reduction compared to those who had less in their diet. We also found reductions associated with vegetables, fruits and legumes."

Whether or not patients see the same GP could affect how quickly bowel and lung cancers are diagnosed, according to a study led by University of Bristol. Symptoms of these cancers tended to be picked up more quickly if patients consulted an unknown doctor than if they saw their usual GP. But although seeing a known GP may slightly delay diagnosis, following-up new symptoms with the



same doctor was found to result in a quicker diagnosis.

Study leader, Dr Matthew Ridd, a GP and Senior Lecturer in Primary Care at the Centre for Academic Primary Care, said: "These findings provide some evidence that GPs should follow up patients who present with potential cancer symptoms to make sure they receive a timely diagnosis. Interestingly, we also found that your regular doctor might not be the best person to spot those symptoms in the first place. So in some cases getting a second opinion from a different doctor could speed up the time to diagnosis."

The Bristol Urological Institute at NBT was awarded £1.2 million in November to lead a major three year national multi-centre trial to evaluate the use of laser technology for benign prostate surgery.

This funding is to trial a new type of laser which cuts and vaporises the prostate. This is an easier technique for surgeons and there is some evidence to indicate that patients may benefit from reduced blood loss and a faster return home after their operation.

A multiple sclerosis physiotherapy programme from NBT, based at the Bristol County Cricket Ground could be rolled out across Europe after achieving ground-breaking results. The fitness sessions at the BS7 Gym have helped people with the condition regain balance and movement skills and provided them with a forum to share experiences. The findings from the Bristol and Avon Multiple Sclerosis scheme gained recognition when presented at an MS conference in Norway and to the UK's National Chartered Society of Physiotherapists and has now received interest from Italy, Spain and Germany.

The Elizabeth Blackwell Institute introduced the Research for Health Challenge in 2014, to encourage healthcare practitioners and University of Bristol researchers to work together to develop innovative thinking around clinical problems and healthcare delivery challenges. From this first round, the Institute supported five collaborations between clinicians and researchers from a range of areas such as engineering, experimental psychology, dental sciences and policy studies.

Bringing research to the heart of commissioning

The Avon Primary Care Research Collaborative (APCRC) works to strengthen the relationships between the NHS and local universities, and to promote research ideas. The team works with local commissioners to ensure decisions are based on sound and relevant evidence, and that evaluation is built into commissioning cycles. APCRC staff help identify areas where the knowledge base is sparse, and work to develop NIHR grant applications. APCRC now hosts 16 NIHR research grants worth £16.8 million, on behalf of Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups. Eight of these, worth £4.3 million, were awarded during 2014-15.

These studies include one led by the University of Bristol's Professor Chris Salisbury, which considers alternatives to face to face consultation in general practice. Another is an evaluative research project led by Professor Sarah Purdy, of the effectiveness of care bundles to improve hospital care and reduce hospital readmission for patients with chronic obstructive pulmonary disease. A feasibility trial led by Professor Di Harcourt at the Centre for Appearance Research at the University of the West of England, investigates a novel web-based therapy for young people who feel they have a visible difference in their appearance. And a programme development grant led by Professor Sarah Purdy will investigate ways to reduce hospital bed days in older populations.

Our NHS trusts have recruited **15,507 patients** to studies, with **341 new studies** and **204 studies ending**

Another record Research Capability Funding award for APCRC

APCRC was awarded £1.15 million of Research Capability Funding (RCF) for 2015-16, on behalf of the local CCGs. This is the highest award to any primary care organisation in England – and substantially more than APCRC has ever received before.

Peter Brindle, Research & Development Director for APCRC, said: "Once again this award is a testament to the excellent working relationships we have with our local universities and to the exceptional quality of their research teams. We will now use this RCF to continue to grow research while also delivering increasing value to our commissioning community. In particular, this means increasing our activity around supporting service evaluation, evidence-informed commissioning and non-research innovation bids."

Improving participation and clinical engagement in mental health research

The Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) launched Everyone Included – Research for All in March last year, to routinely inform service users about relevant research opportunities they could take part in. An innovative and inclusive approach to research recruitment, the NIHR Clinical Research Network: West of England has endorsed Everyone Included and is encouraging all its partner organisations to adopt a similar approach.

In February 2015 AWP launched its Research Link Coordinator programme, to help embed research clinically. The programme seeks to bridge the gap between research, clinical practice and evidence-based design. The initiative is aimed at clinicians looking to develop their research capabilities, with funding provided to cover up to half a day per week of individuals' protected time for research related activity.

A shared approach to patient and public involvement

In the West, local health networks are already benefiting from an innovative and possibly unique approach to patient and public involvement (PPI). Bristol Health Partners, NIHR CLAHRC West, the West of England Academic Health Science Network and the Clinical Research Network: West of England have agreed to use a single PPI strategy group and team to guide, co-ordinate and develop PPI projects and expertise in the region. This PPI function is run through People in Health West of England.

From mapping existing PPI resources and groups, training professionals and the public and creating easier access to involvement opportunities, the PPI team has had a busy first year, and the value of a shared PPI strategy group has already been felt. The public contributors are influencing the partners in a strategic way and are part of their governance arrangements. The group has led on developing good practice standards for operational issues such as the payment of public contributors, the process of selection and management of the different roles that public contributors take on. This approach to PPI will be evaluated as part of the research and evaluation agenda of NIHR CLAHRC West.



Recognition for Bristol's health research and teaching excellence

Bristol's universities performed strongly in the 2014 Research Excellence Framework (REF), particularly in health related subjects. The REF recognised the University of Bristol's health research as world leading and internationally excellent. The impact of its research in both clinical medicine, and public health, health services and primary care is ranked first in the UK; it is home to one of the UK's best dental schools, and its health research environments are among the best in the country.

The University of the West of England (UWE) submitted 50 allied health professions, nursing and biomedical staff to the REF, the most UWE has ever submitted, resulting in research income of £1.5 million annually for this unit of assessment alone.

UWE, which has the largest NHS university training contract in the UK, has also won several significant contracts from Health Education South West to deliver healthcare education for the community and primary care workforce and return to practice.

NIHR has funded the Institute of Biosensing Technology at UWE as one of eight Healthcare Technology Co-operatives (HTCs) across England. Each HTC acts as a centre of expertise, focusing on a clinical area of unmet need for NHS patients.

In May Andy Ness, Professor of Epidemiology at UH Bristol's Dental Hospital, was given the prestigious National Institute for Health Research senior

investigator award. Senior investigators are the NIHR's pre-eminent researchers and represent the country's most outstanding leaders of clinical and applied health and social care research.

In August two scientists from University of Bristol's Children of the 90s longitudinal study were named by Thomson Reuters as among 'the world's leading scientific minds', whose publications are among the most influential in their fields. They are Professor George Davey Smith, Scientific Director, and Dr Wendy McArdle, Head of DNA Collections. The report, 'The world's most influential scientific minds: 2014' lists 3,200 people across 21 fields who have published the highest-impact work that is most frequently acknowledged by other academics. Only the top one per cent of scientists are selected for inclusion in the report.

Open Bionics founder Joel Gibbard, based at UWE, won a prosthetic innovation award in December, from the Limbless Association for his work developing 3D printed robotic hands for amputees.

January saw the appointment of UWE Professor Candy McCabe to the new post of Florence Nightingale Foundation (FNF) Chair in Clinical Nursing Practice Research, created in collaboration with the FNF and the Royal National Hospital for Rheumatic Diseases (RNHRD) and the NHS Foundation Trust in Bath. Candy is Professor of Nursing and Pain Sciences at UWE and a Consultant Nurse at the RNHRD, where she leads on the Trust's Complex Regional Pain Syndrome Service.



Our hospitals have performed **59,337** procedures and had **209,080** visits to A&E

Find out more about Bristol Health Partners and our Health Integration Teams

 www.bristolhealthpartners.org.uk

 hello@bristolhealthpartners.org.uk

 [@BristolHealthP](https://twitter.com/BristolHealthP)

 www.linkedin.com/company/bristol-health-partners

 www.youtube.com/user/BristolHealthPartner

Other ways to get in touch on the website at: www.bristolhealthpartners.org.uk/contact-us

Sign up for our email newsletter: www.bristolhealthpartners.org.uk/subscribe-to-our-newsletter