

West Midlands Academic Health Science Network Business Plan 2015/16

Introduction

The West Midlands Academic Health Science Network (WMAHSN) was designated without conditions in May 2013. The initial five year contract between NHS England (NHSE) and WMAHSN was signed on 16 January 2014. To the four, original, core objectives stipulated for all AHSNs, a fifth was subsequently added. The extant objectives are to:

1. Focus on the needs of patients and local populations
2. Build a culture of partnership and collaboration
3. Speed up adoption of innovation into practice and improve clinical outcomes and patient experience
4. Create wealth
5. Establish a (regional) Patient Safety Collaborative.

The contract with NHSE aims to ensure accountability of funding, while maintaining the WMAHSN with the freedom to establish itself as a self-funding organisation.

The prime purpose of the WMAHSN is to improve health outcomes and generate wealth across the West Midlands through collaborative innovation and subsequent adoption at scale and pace.

The long term vision is that WMAHSN becomes pivotal to the generation and maintenance of a healthier region in which there is equitable access to high quality, efficient, effective, patient-centred care that delivers the best clinical outcomes and patient satisfaction through more efficient adoption of innovation. A particular ambition is for the West Midlands to become the first true digital health economy.

During 2013/14, the WMAHSN undertook extensive stakeholder engagement to identify the initial priorities and necessary enabling themes for this AHSN. These reflect to a large extent the socio-economic and healthcare landscape of the region, which is described in Annex A.

In 2014/15, the WMAHSN moved from creating its governance and initial operating structures into delivery. For reference, that governance structure is illustrated at Annex B.

An initial series of nearly 40 programmes of work approved by the WMAHSN Board was used to prove prototype operating principles. Some of these have already enhanced care outcomes or patient experience¹; others form part of the foundation for longer term improvements².

In parallel, the WMAHSN developed its “push and pull” concept for the adoption of innovation.

¹ e.g. STarTBack scheme for stratified management of low back pain.

² e.g. CURE and Query Workbench.

Improving health and creating wealth

This is manifested in its opportunities for innovations process, which is illustrated at Annex C. The WMAHSN has also worked on the procurement of a soon-to-be-launched innovation and adoption service and of an ‘evergreen’ SME innovation fund to assist small and medium sized businesses. These will commence in 2015/16.

Mission

The WMAHSN will lead and catalyse co-operation, collaboration and productivity between its members³ and accelerate adoption of innovation in order to improve health, care and wealth promotion for stakeholders⁴.

Intent

During 2015/16, the WMAHSN will build on its foundations to deliver improved health and wealth for West Midlands residents. They, the citizens, are our stakeholders. Their wellbeing and the continuous improvement in safe care and better outcomes for those in need are what form the unifying purpose for the WMAHSN and its regional, partner organisations. The objectives of the WMAHSN, while focused on the local population, will be linked to the NHS Outcomes Framework and the Five Year Forward View (FYFV). During 2015/16, the WMAHSN will work with its members, NHSE and other relevant bodies and West Midlands agencies to improve prevention, enhance care and promote economic growth in the region. In addition, the WMAHSN will encourage initiatives to enhance and improve models of care, especially in regard to greater effectiveness and efficiency, through linking primary and specialised care, mental and physical healthcare and improved integration of health and social care. In this regard, the WMAHSN will assist NHSE in the promotion of test beds and the learning and spreading of lessons from vanguard sites; and through its regional Patient Safety Collaborative, it will place emphasis on the continual improvement in safer care across all sectors and settings, as well as at those critical interfaces where handover of care occurs. Where benefits can be gained, the WMAHSN will also work with the third sector and with other public bodies⁵.

To assist with the above, the WMAHSN will develop its individual networks and services (see later). These will look for, and advise on, innovative ways to reduce the burden of disease and demand on health and social care services. Through these and other mechanisms, the WMAHSN will promote the uptake of such innovations. Together with our opportunities for innovations process to identify and spread novel solutions, those networks and services, together with our role as an honest broker, are the WMAHSN’s principal offerings to regional members.

The aforementioned opportunities for innovations process provides a key means for other proponents of health and social care in the West Midlands to seek innovative solutions to support their own plans for 2015/16. The WMAHSN will therefore encourage the use of this mechanism and so provide support to local authorities, Public Health England (PHE), the Strategic Clinical

³ Academia, business, commissioners, care providers, agencies and networks; compare with the later section on membership for more detail.

⁴ The resident population of the West Midlands.

⁵ e.g. West Midlands Police, British Transport Police.

Networks (SCNs), the Association of Directors of Adult Social Services (ADASS), Health Education West Midlands (HEWM), the West Midlands Collaboration for Leadership in Applied Health Research and Care (CLAHRC WM), test beds, vanguards, 'living labs' and all other relevant regional bodies to assist them in achieving their own objectives for the improvement of health and care. Through its standard procedures, the WMAHSN will work with PHE and the SCNs, as well as others, to link their capabilities to work on prevention, mental health, dementia and long term conditions (such as cancer, cardiovascular disease or neurological conditions). Emerging WMAHSN work on active and healthy ageing may also present opportunities for collaboration, including some in regard to end of life care. As the opportunities for innovations process is a continuous one, proposals will be sought at repeated intervals and can be submitted throughout the year⁶. By the same token, the WMAHSN will identify areas in its own programmes that resonate with the priorities and tasks of regional NHSE-subsidised members. When these occasions arise, it will link its involved clinical priorities and enabling themes with partner organisations in order to establish mutually supporting effort.

To support delivery, the WMAHSN will adjust and further refine its structure and operating methods in order to meet its evolving responsibilities. The WMAHSN's principal means of co-ordinating delivery will be through the components of its NHSE-subsidised membership offer and its established communication channels.

Finally, the WMAHSN will develop additional, enhanced service offers as part of its potential move towards becoming a self-sustaining organisation.

The WMAHSN Operational and Business Plan for 2015/16

The WMAHSN Board will continue to set strategic direction for the WMAHSN and oversee the governance arrangements and risk management in compliance with the contract with NHSE. The Managing Director and Commercial Director of the WMAHSN will play a greater role in linking Spoke Councils with the Board and the executive team, as well as with clinical leads and theme directors. Following adjustment to the executive team's organisational structure and functions, administrative support to the Councils will continue to be provided from within the executive team. Terms of reference will be amended to reflect this.

Clinical leads and theme directors will remain responsible for the outputs of their respective groupings and during 2015/16, the theme directors' and clinical leads' meetings will be developed by the Managing Director and Commercial Director as the forum to improve operational design and delivery by the network, with overall focus being on the priorities outlined in our intent. In particular, it will be the means through which agreement is reached on the integration of enabling themes and clinical priorities in the optimum manner to meet specified delivery objectives. By this means, operational momentum will be maintained.

⁶ An outline of the process is at Annex C and further detail can be found on the WMAHSN website or by contacting the WMAHSN office.

The clinical leads and theme directors will also offer oversight and guidance for the development of the WMAHSN's networks and services (see below). Their input must aim to ensure that these networks and services are mutually supportive and thereby achieve and maintain a collective value for the WMAHSN membership. Working with the executive team, this operational grouping will also identify opportunities for collaboration and co-operation with partners⁷ or corporate partners⁸ of the WMAHSN in order to enhance regional productivity in improving health and wealth. The opportunities will be deliberately linked to those ambitions described in relation to the FYFV, and collaboration will be sought with regional agencies wherever there are areas of mutual interest. Business managers within the WMAHSN executive team will run the networks and services, with continued advice from the clinical priority leads and the enabling theme directors.

The opportunities for innovations process, together with a WMAHSN-commissioned Innovation and Adoption Service, will be the mechanisms to promote more effective regional spread of innovations that improve health, enhance clinical outcomes and/or patient experience or deliver at least the same level of outcomes but at better cost effectiveness. Key to these processes will be the importance of the WMAHSN working in an inclusive manner with its members and partners. These include the public, patients, carers, local authorities and all of the regional academic, research, health and social care groupings. These relationships will continue to be fostered through channels such as the Spoke Councils and the West Midlands' Health Partnership⁹.

Also critical to performance of the WMAHSN and the opportunities for innovations process will be ensuring the identification of impact measures which demonstrate the return on investment for WMAHSN programmes of work. Identifying these will be part of the process and they will be guided and informed by clinical leads and theme directors. A separate appointment within the executive team will co-ordinate active WMAHSN programmes, as well as the opportunities for innovations process, and ensure capture and recording of all impact measures.

At the same time, the WMAHSN will seek out good practice within the region, such as in NICE-approved recommendations, or emanating from further afield via other AHSNs. The WMAHSN will also come together with key partners to provide the critical entry point for life sciences and healthcare industries to the soon-to-open, centrally located Institute of Translational Medicine (ITM)¹⁰, thereby affording an effective and efficient route for those agencies into the complex world of healthcare research and routes to market.

By encouraging inward investment through the commercialisation of clinical and academic excellence, the network will continue to drive wealth creation. Its Innovation and Adoption Service will soon be launched and will form an important part of the overall service offer to members. It is described further in the section on WMAHSN services.

⁷ These agencies include but are not limited to local authorities, PHE West Midlands, the West Midlands SCNs and Senate and HEWM.

⁸ These will comprise UK/global large pharmaceutical, med tech, health information technology or digital industry companies.

⁹ This currently comprises the WMAHSN, PHE, SCNs, Senate, HEWM and ADASS.

¹⁰ ITM is City Deal BIS-funded initiative, where WMAHSN will locate its commercial hub.

WMAHSN outputs regarding education and training will continue to be co-ordinated by the theme lead for education and training, jointly appointed between HEWM and WMAHSN. This will ensure the continued mutual understanding of issues, effective co-ordination of effort and the avoidance either of duplication or of contradictory work between the WMAHSN and HEWM.

In a similar manner, the WMAHSN benefits from its close liaison with the regional Comprehensive Research Network (CRN) as the Medical Director of the CRN also leads and advises on research issues for the WMAHSN, thereby bringing similar co-operation and collaboration between these key West Midlands organisations.

In addition, the WMAHSN will continue to work with Birmingham Science City to jointly fund a post that co-ordinates the West Midlands' involvement in the European Institute of Innovation and Technology Health Knowledge and Innovation Community (or EIT Health KIC). This was established to improve quality of life, together with sustainability of healthcare systems across Europe. The involvement of the WMAHSN in this body presents opportunities to get involved in wider European improvement initiatives, as well as to attract further inward investment.

This plan also describes the NHSE-subsidised membership arrangements for the WMAHSN. As the terms and conditions of membership are refined and benefits accrue, a membership co-ordinator position will be established to manage membership services.

As a result of these refinements, the proposed structure for the WMAHSN executive team is at Annex D.

In this section, we also set out our income assumptions, our approach to delivering networks and services, the membership proposition, the development of an enhanced services offer, the means to communicate the benefits of the WMAHSN, the return on investment that the network offers to members and the individual tasks and co-ordinating instructions for the coming year.

Our financial assumptions

This plan is prepared on the basis that WMAHSN will have **£2.35million** in reserve from the previous year, with an additional **£800k** income brought in from last year, which is ring-fenced in our Innovation and Adoption service.

NHSE funding for 2015/16 will be **£3.75million**.

The assumption, on the basis of a 50% return on our enhanced services plan, is membership income of **£500K**.

Therefore our projected budget for 2015/16 is **£7.4million**.

Assumption 2015/16	£7,400,000
Core organisational running costs	£1,100,000
Digital health service/network	£400,000
Person-centred care service/network	£400,000
Innovation and adoption service/network	£1,000,000
Patient safety network	£700,000
Genomics medicine network	£200,000
Healthy living and active ageing network	£50,000
Total service/network cost	£2,750,000
SME innovation fund	£600,000
Digital health/open data	£400,000
Person-centred care/long term conditions	£400,000
Clinical trials/evidence	£100,000
Medicines optimisation	£100,000
Education and workforce	£100,000
Patient safety	£700,000
Mental health	£300,000
Prevention and healthy ageing	£50,000
Commitment 2015/16	£2,750,000
(Ringfenced innovation funds)	£800,000

This will be used:

- On behalf of our NHSE-subsidised members (West Midlands organisations), to deliver the continuance of the approved, initial, enabling themes and clinical/service priority programmes, that through the **WMAHSN opportunities for innovations process** enable the development of innovative programmes of work to deliver adoption at scale and pace across the West Midlands.
- To develop for our NHSE-subsidised members a **WMAHSN enhanced service offer**, of which they may choose to avail themselves in order to enjoy a series of tools and practical support methodologies to accelerate the adoption of innovative technologies and service approaches, delivering improved healthcare outcomes and economic growth.

Underpinning the **West Midlands opportunities for innovations process** and the **WMAHSN enhanced service offer** are the regional **West Midlands expert networks** that provide an opportunity for meetings, co-production and collaboration that both feed and inform innovation and improvement, the innovation pipeline and the **West Midlands opportunities for innovations process**, as well as guidance and support for the **WMAHSN three part enhanced service offer**.

Our approach to membership – the WMAHSN NHSE-subsidised Membership Service 2015/16

Terminology

Membership of the WMAHSN is composed of stakeholders, members, partner organisations, corporate partners and a three part enhanced service offer, of which NHS and academic organisations can choose to partake.

The annual membership scheme commences on **1 June 2015** and it will be **free of charge** to all academic, NHS institutions, industry and private sector companies within the WMAHSN geography, since membership is subsidised by NHS England.

The annual three part enhanced service offer for academia and NHS organisations will start on **1 January 2016**, when key institutions that have been frequent users of WMAHSN services in previous years are invited to invest in the enhanced services offer. This will be based on the newly developed value propositions for the combined Innovation and Adoption Service, the Digital Innovation Service and the Person-centred Care Service. In the first six months of this business plan, the development of service fees will be based on rigorous negotiation and consultation with the invited organisations, with the aim of creating a range of stratified service fees in the following categories:

- NHS providers
- NHS commissioners
- Academic institutions.

Also commencing from **1 January 2016** will be the corporate partnering offer (CPO), which will be targeted at the following institutions:

- UK/global large pharmaceutical industry
- UK/global large medical technology industry
- UK/global large health information technology/digital industry.

Those companies who feel their innovation, research and development strategies are best aligned with the WMAHSN's themes and priorities will be given the chance to be corporate partners and receive real-time West Midlands market intelligence and knowledge, along with an opportunity to raise their company's profile through a series of jointly branded, promoted events, meetings and publications.

Enhanced services and corporate partnering income projections

The (draft) projections for NHS, academia and corporate partners are shown in Annex E.

NHSE-subsidised Membership and enhanced services delivery and communications plan

Introduction

WMAHSN's continued existence may be dependent on the organisation becoming financially self-sustaining. One such option is to introduce, alongside the NHSE-subsidised membership, a paid for, enhanced services structure, which appeals to the diverse needs of organisations of varying sizes. Service options need to be sufficiently flexible in order to attract and retain subsidised members, while delivering value for money for those who opt for the enhanced services offer.

NHSE membership and enhanced service benefits

Specific to their sector, all NHSE members will receive notification of their baseline benefits, and early notice of the enhanced services' value added benefits.

This type of enhanced services offer separates organisations according to size and/or sector. It will be for the WMAHSN to consider and recommend assessment criteria (e.g. turnover, number of employees, status), with an applicable cost attached to each. All West Midlands organisations will be automatically enrolled as NHSE-subsidised members, then selectively offered the opportunity of enhanced services later in the year.

West Midlands companies will be contacted with regards to their enrollment as NHSE members from 1 June 2015. At the same time, companies outside the West Midlands region that are on our database will be contacted to advise them of the benefits of engaging with the WMAHSN.

Level	Benefits	Target organisations
NHSE-subsidised membership (free)	<ul style="list-style-type: none">• Access to opportunities for innovations process• Access to expert networks• Monthly newsletter• Access to website• News, articles and event alerts• Event attendance (administrative fee payable)• Advertising opportunities online/offline e.g. newsletter, website, delegate packs and other literature (administrative fee payable)• Sponsorship and exhibition packages (administrative fee payable)• Basic access to online innovation platform	<ul style="list-style-type: none">• WM industry• WM academic institutions• WM NHS providers• WM NHS/social care commissioners• WM social enterprises• WM innovators

National industry engagement (free)	The same as NHSE membership	<ul style="list-style-type: none"> • SMEs • Large industry • Social enterprises • Private sector organisations
Enhanced three part service offer (fees payable)	<p>All of the above, plus:</p> <ul style="list-style-type: none"> • Access to enhanced services: Innovation and Adoption, Person-centred Care and Digital Health • Full access to online innovation platform • Full access to industry Customer Relationship Management data • Full access to industry clinical trials platform • Access to the EIT Health programme • Option to join Advisory/Reference Group(s) and Spoke Council(s) • Access to Intellectual Property Management services • Weekly media round up • Attendance for five delegates at two WMAHSN events in one year (dependent on size of organisation) • Reduced sponsorship and advertising rates • Submit articles to newsletter/website • Joint PR opportunities • Exhibition space at two events per year 	<ul style="list-style-type: none"> • NHS provider organisations • NHS commissioners • Academia
Corporate partner (fees payable)	<p>All of the above, plus:</p> <ul style="list-style-type: none"> • Logo, “Corporate partner of WMAHSN” • Sponsorship of up to two WMAHSN events per year 	<ul style="list-style-type: none"> • Larger industry • Private sector organisations

Responsibilities and commitments

The introduction of a formal membership agreement will place responsibility on the WMAHSN to provide demonstrable value to its NHSE-subsidised members alongside delivering evidence of return on investment to NHSE for its subsidy of the membership. There will be additional responsibilities to provide evidence of value for money for those who opt for the enhanced service option. These may include:

- Return on Investment (ROI) and value data on enhanced WMAHSN services: Person-centred Care Service, the Digital Innovation Service for Healthcare (DISH) and the Innovation and Adoption Service

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- Return on investment of the programmes initiated through the WMAHSN opportunities for innovations process
 - Value of the communications offering
 - Savings harvested from avoidance of investing in own resources
 - Development of investable programmes of work emerging from the expert networking opportunities.
 - Return on investment (EU leverage) in the EIT Health KIC initiatives
 - Avoidance of cost in IP protection services.

Equally, members will need to demonstrate a commitment to the WMAHSN through attendance at events, distributing communications to employees, promoting WMAHSN within their own networks, submitting items for newsletters/PR, and active Advisory/Reference Group/Spoke Council membership.

Risks

In order for shared ownership to be successful, organisations must not feel that there is any bias towards individual parts of the region and its institutions. WMAHSN's independence must be very clear.

The NHSE-subsidised membership model and enhanced three part service proposition will require careful messaging: the marketing and communications needs to neither raise expectations, nor cause alarm among partners.

Communications considerations

The challenge for the WMAHSN in this financial year will be to convert the organisations engaged in year one into NHSE-subsidised members going forward. In addition, this business plan for 2015/16 will, through its service developments, create a value proposition for potential investment in enhanced services. The notion of free NHSE members paying for enhanced provision is a selling task that needs to be approached on a one-to-one basis with the institutions targeted, and they must be afforded the opportunity to discuss the level and the return on the investment requested.

A key aim of 2015/16's communications and engagement strategy will be to increase and then maintain levels of NHSE-subsidised membership, both through marketing and developing the membership offering from a communications perspective, and through events, member bulletins, the website membership area and access to the industry portal.

Messages should push the value propositions and include:

- WMAHSN outcomes which demonstrate impact for members
- The offer of enhanced, distinct services in return for a financial contribution
- That we will be as inclusive as possible.

NHSE membership and enhanced service action plan

Date	Milestone	Activities
1 June 2015	All AHSN stakeholders receive NHSE membership	Formal letter from MD to Chairs/CEOs to confirm NHSE membership.
		Inform network using existing communications channels: <ul style="list-style-type: none"> • Website • Mailshot • Social media • Newsletter • Article for partner communications • PR and media
June - December 2015	Engage with Members on launch of three part Enhanced Services Offer (ESO)	Keep network informed using existing communications channels: <ul style="list-style-type: none"> • Website (Members tab) • Mailshots • Social media • Newsletter • Article for partner communications • PR and media • WMAHSN annual event
		Develop ongoing programme of events/visits
		Develop branding of service propositions
		Develop website to add ESO area under members tab, link to service propositions
		Develop sales brochure (ESO details + rates + benefits)
1 January 2016	Launch of ESO	Formal letter from MD to ESO Chairs/CEOs, to include sales brochure, next steps and launch event invitation
		Welcome pack to ESO, including website and Innovation and Adoption portal log in details
		Develop ESO finance processes
		Launch members' and ESO communications packages
		Keep network informed using existing communications channels: <ul style="list-style-type: none"> • Website • Mail shots • Social media

		<ul style="list-style-type: none"> • Newsletter • Article for partner communications • PR and media
		<p>Launch events:</p> <ul style="list-style-type: none"> • NHS • Academia • Industry
January – March 2016	ESO - to enroll 50% of selected/targeted NHS and academic organisations by 1 April 2016	<p>Develop website to make parts of members' area 'enhanced services access only</p> <p>Promotional activity opportunities (online):</p> <ul style="list-style-type: none"> • Website • Mail shots • Social media • Newsletter • Advertising <p>Promotional activity opportunities (offline):</p> <ul style="list-style-type: none"> • Article for partner communications • Advertising • Marketing collateral • PR and media • Events • Senior executive team 1-2-1s

The WMAHSN Expert Networks

N.B. Membership of the networks is free of charge through the NHSE-subsidised membership offer.

The West Midlands Person-centred Health Care Network

The WMAHSN will create a network of champions in member organisations of WMAHSN across the region, to include NHS (trusts and CCGs), local authorities (public health), universities and other educational organisations, industry, regional organisations (SCN, CLAHRC WM) and public and patient involvement and engagement groups (established in research, NHS, LA and voluntary sectors).

The key initial focuses of the network will be to:

1. Minimise the risks relating to long term conditions (LTCs): prevention of deterioration; prevention of LTC occurring
2. Minimise unwarranted variation on LTC population-wide basis
3. Encourage quality improvement in delivery of care
4. Develop action learning underpinned by person-centred care.

The network will select three clinical areas to focus person-centred care where delivery models can be aligned to the push of innovation with the pull from the NHS and public:

- cardiovascular diseases (in particular AF, heart failure, hypertension)
- respiratory disease (COPD and asthma)
- osteoarthritis (OA) disorders with multi-morbidity (including dementia).

The WMAHSN will build the evidence-base, addressing need in the NHS and drawing on solutions to which innovators amongst frontline NHS practitioners, industry and WMAHSN themes can contribute. Events to share the learning regarding person-centred care delivery in LTCs will promote integrated working between health and social care professionals in different settings and address the following WMAHSN priorities:

- person-centred care
- increasing patient safety
- improving patient experience
- developing the future workforce
- wellness and disease prevention.

The network will grow the close working relationship between WMAHSN and HEWM, aiming to develop linked, funded educational initiatives and collaboration with local universities, including Warwick (diabetes), Birmingham (respiratory and cardiovascular disease) and Keele (MSK disorders with co-morbidity from mental health conditions) to create shared learning opportunities for LTC/organisational champions, in partnership with relevant regional organisations (SCN, CLAHRC WM).

The West Midlands Health Informatics Network (Digital Health)

The West Midlands Health Informatics Network (WIN) is a group of health informatics professionals and enthusiasts who are passionate about health service improvement, education and research in the health informatics domain. To improve healthcare services, WIN collates relevant information and provides guidance on health informatics solutions for the benefit of healthcare organisations in the West Midlands. It looks to support educational initiatives that will enhance health informatics knowledge among healthcare staff and research programmes that will transform patient care. WIN also facilitates forums through social media, website, workshops and conferences to discuss and disseminate what has been learnt around priority areas in health informatics.

The West Midlands Innovation, Adoption and Improvement Network

- Access to a network of innovation, commercial and service improvement professionals in order to share lessons learned, exploit economies of scale and develop and create innovation champions across the region.
- The innovation ambition for the WMAHSN is to act as a catalyst to drive co-operation and productivity between academia, business, NHS commissioners, the third sector and health and care providers to accelerate the creation, development, commercialisation and adoption of innovation in order to improve the region's health and generate wealth
- The development of a network of innovation, commercial and service improvement professionals will be formally established in order to share lessons learned, exploit

economies of scale and develop and create innovation champions across the region in order to increase the pace and scale of adoption of carefully selected innovations.

- The WMAHSN is in a unique position to provide a regional service to its members as a trusted source to support the commercialisation of NHS ideas, along with having access to a menu of tried and tested innovations to deliver an enhanced patient experience with the same or less resource. The selected innovations will be triaged to meet members' requirements and are ready for adoption with mitigated risk and practical, evidence-based support to assist the implementation.
- An online innovation and relationship management platform will be established to support and enable the network and West Midlands members to share information, practical tools and access to centres of excellence and specialist advice.

The West Midlands Patient Safety Network (Collaborative)

Building on the recommendations from the Francis, Berwick and Keogh reports, the WMAHSN will, in partnership with NHSE and key regional actors, develop one of 15 patient safety collaboratives.

The network's aim is to support frontline staff across the West Midlands to reduce avoidable harm and to ensure that patient safety and quality improvements are integral to each organisation. In order to achieve this, the network will bring together frontline teams, experts, patients and commissioners to develop solutions, as well as to learn from each other.

We propose the following immediate areas of focus:

- Development of capability in human factors in safety
- Focus on preventing harms in the care home sector (acute kidney injury, falls and pressure ulcers) and preventing avoidable hospital admissions
- Adult and paediatric sepsis across all care settings and transfers of care between settings
- Drug safety
- Facilitating sharing of best practice and improvement techniques for safety via a wider West Midlands community of practice.

The West Midlands Genomics and Precision Medicine Network

The award of a Genomics Medicine Centre (GMC) licence to a West Midlands-wide consortium of acute trusts and the University of Birmingham affords a fantastic opportunity for the region, not only to contribute to the initial objective of realising the 100,000 Genome Project, but also to radically change service delivery and develop the practice of personalised, stratified medicine across the West Midlands. The comprehensive nature of this initiative has brought together a group of first class academics and service deliverers who will be able to join with industry colleagues, as well as patient and carer representatives, to push the innovative boundaries of healthcare for the next generation. As well as permitting the recruitment and collection of samples for the 100,000 Genome Project, the structure of the West Midlands GMC will allow the key groupings to come together with other world class experts in pursuit of research transformation; to develop, exploit and deliver first class education and training opportunities; to innovate service provision, integrate care pathways and achieve wealth creation through increased interoperability, automated business processes and software development.

The basic running costs and overheads of the **expert networks** are supported annually by the WMAHSN, but each network is encouraged to attract sponsorship or additional funding to encourage growth.

Healthy Living and Active Ageing Network

Currently meets as the EIT Health KIC group; needs support to develop a more outward-facing and communications-focused delivery

Education and Workforce Network

A new network to be established with Health Education West Midlands

Mental Health Network

Currently meets as the Mental Health Advisory Group; needs support to develop a more outward-facing and communications-focused delivery

The WMAHSN Three Part Integrated Enhanced Services Offer

Service 1: The West Midlands Digital Innovation Service for Health/care (DISH)

The original vision for the WMAHSN was to draw upon the industrial heritage and unique characteristics of the region to deliver *Innovation, Health and Wealth*. The West Midlands is characterised by its tradition of innovation providing solutions to new challenges connected to a cohesive and supportive ecosystem. The UK health sector, in common with all modern industrial economies, is facing unprecedented challenges as it attempts to balance the benefit of modern technology and innovation in reducing mortality against finite resources. From its inception, the WMAHSN identified that digital health would play a leading role in providing solutions to achieve an effective balance between supply and demand.

The digital healthcare vision for WMAHSN is to provide the first true digitally enabled region in the UK. By exploiting the latent potential of digitisation in healthcare, the WMAHSN will provide a fertile environment to support innovative solutions to current healthcare challenges, improve the health of the population through timely use of real time data and create wealth through exploiting commercial and employment opportunities for mutual benefit.

The first phase of delivering the WMAHSN is coming to a conclusion, as a number of short term “proof of principle” developments were established by the digital health theme. While the individual programmes were effective projects in their own right, the sum of the programmes in identifying a clear and cohesive direction of travel for delivering the vision provides the greatest value. The initial work of the theme has identified three key areas of focus:

- Co-production
- Interoperability and integration
- Economy-wide health improvement.

The co-production component is focusing on delivering digitisation across the health economy through supporting organisational systems such as e-prescribing and individualised systems, patient accessible health records, TECS, mHealth and e-PROMs to develop co-produced

solutions. Interoperability and integration is focusing on linking digital systems to allow for health and social care system-wide analysis through system agnostic tools. The economy-wide health improvement component is the creation of an ecosystem that facilitates innovation and also leverages the digital economy via the AHSN-supported West Midlands Health Informatics Network. This economy-wide ecosystem will be both an engine for attracting inward investment and a means of providing regulatory/commercial support and advice to drive adoption.

The learning from the initial phase of the digital health theme has supported the development of a service-based vehicle to accelerate the delivery of the WMAHSN digital vision.

DISH is a resource available to both the WMAHSN NHSE-subsidised members and to those members who avail themselves of the enhanced integrated service offer.

For NHSE members, DISH will allow them to access the knowledge and learning from the service's activity in accelerating the adoption of digital solutions and the creation of a framework to develop a wider ecosystem for mutual benefit. DISH, working alongside the WMAHSN-supported expert network (WIN) and the WMAHSN digital health challenge process, can inform and educate NHSE members around the digital health theme's vision to become the first digital health economy in the UK.

For those participating in the enhanced service offer, the West Midlands DISH will provide active support for an operational framework and technological platform for the following:

- The integrated provision of a universal Personal/Patient Healthcare Record (PHR) with associated tools
- A range of services for semantically-enriched clinical and research data collection
- The interoperable communication of healthcare information at a regional level which facilitates integrated care, genomic provision, precision medicine and overall digital standardisation.

Service 2: The West Midlands Person-centred Care Service

Our plans to build a new WMAHSN service offer and network around the Person-centred Care theme builds on the successful platforms established in the first phase of AHSN roll out of two exemplar projects: Stratified Care for Low Back Pain (STarT Back) and Technology-enabled supported self-management in patients with long term conditions (TECs for LTCs), using FLO telehealth. Output from these exemplars have resulted in:

- STarT Back - Participation of six 'clusters' across the primary-secondary care interface across 11 CCGs from across the whole West Midlands region, with more than 100 physiotherapists trained in STarT Back matched treatments across the region.
- Flo telehealth – 12 CCGs/trusts participating across the region with two local authorities. 563 patients have signed up to Flo telehealth since WMAHSN project licences taken out with participating CCG/trusts, with a total of 1188 patients signed up to the AHSN/previous AIM protocols since 1 April 2014, under the umbrella of WMAHSN.

Both project exemplars have resulted in PHE collaborations, have been presented at national conferences and included in high impact publications and nationally available resources (e.g. BMJ, RCGP guidance/training), as well as leading to AHSN to AHSN collaborations.

These exemplar projects have established a network of engaged CCGs/trusts and clinicians who are driving these new innovations across their local community and acute trusts, forming the first phase of the Person-centred Care Network.

Development of free website resources ,to enable NHS partners to become self-sustaining in continuing implementation of our innovations, form the basis of the Person-centred Care Service offer. Examples of the approach to support NHS, LA, third sector and industry members to implement new ways of working, include provision of tools and IT solutions include:

- DVD training materials
- business cases to support CCG/trust unit quality plans
- patient self-management information (integrated with national resources at patient.co.uk)
- New apps (Patient Update to Hand) which provide easily accessible patient information
- Interactive telehealth communication between patients, their carers and their healthcare professionals
- audit and benchmarking tools for evaluation
- patient satisfaction questionnaires
- integrated e-STarT Back tool within GP systems.

These are combined with WMAHSN project management support; clinical expertise to support development/training in care pathway changes; influential local clinical champions; validated patient reported outcome measures to support evaluation of the impact of innovations on patient outcomes and service improvements; close alignment across other WMAHSN enabling themes to speed up/increase impact; and strong AHSN to AHSN collaboration to speed up national roll out and demonstrate the impact of the AHSNs.

Service 3: The West Midlands Innovation and Adoption Service

The Innovation and Adoption Service is a resource available to both the WMAHSN NHSE-subsidised members and to those members who avail themselves of the enhanced integrated service offer.

For NHSE members, the Innovation and Adoption Service will allow them to access the knowledge and learning from the service's activity in accelerating the adoption of innovative technologies services and business models. The Innovation and Adoption Service, working alongside the WMAHSN-supported Innovation and Improvement expert network and the WMAHSN opportunities for innovations process, can inform and educate members around the adoption of innovation and deliver the WMAHSN's intent to become the UK's premier location for providing high quality, cost-

effective evidence for the adoption of innovation, from global, national and local, and large and SME health technology and pharmaceutical businesses.

For those participating in the enhanced integrated service offer, the Innovation and Adoption Service will provide active support for an operational framework and technological platform, including:

- Providing management of NHS intellectual property and advice on academic IP issues
- Quality assured interactions with commercial providers which meet genuine requirements and interests
- The bringing together of clinical and commercial expertise in order to explore an innovation's validity and evidence, maximising the outcomes in health and wealth terms
- Delivering a suite of practical tools and means of support for individuals and teams to use in their own organisation to adopt innovation and encourage creative thinking
- Providing capacity and capability through skills development, practical support and advice to understand the best approach to the adoption of NICE guidelines and technical appraisals
- Working proactively with organisations to access additional finance and funding for the adoption of innovation.

It is expected that through the implementation of the enhanced integrated service and network, the following objectives will be achieved:

- Engage with industry at the highest level possible in order to resolve local health economy problems and create markets through a collaborative and solution-focused approach
- Create a health economy that is known for best practice in delivering high quality healthcare and economic wealth for its population
- Provide capacity and practical support to understand the best approach to the adoption of NICE guidelines and technical appraisals
- Increase the number of regional home grown and commercialised NHS ideas, from conception through to widespread adoption
- Reduce the time it takes to implement innovations in order to realise patient outcome, experience and service delivery benefits
- Provide an online representation of the Innovation and Adoption Service and all that it encompasses.

The innovation and adoption service for NHSE members and those accessing the enhanced integrated service offer (the **green** shaded area) is illustrated graphically:



Tasks

NHSE Membership

NHSE Membership launch (Commercial Director, Head of Communications)

NHSE Membership delivery (Membership Co-ordinator, Head of Communications)

Integrated Enhanced Service

Integrated Enhanced Service propositions refined and produced (Commercial Director, Theme Directors, Clinical Leads, Business Managers, external contractors)

Integrated Enhanced Service propositions tested (Commercial Director, Business Managers, Head of Communications and NHS providers' CEOs and Finance Directors, NHS commissioners' Accountable Officers and Finance Directors, academia's Vice-Chancellors, Deans and Finance Directors)

Integrated Enhanced Services engagement process (Commercial Director, Business Managers, Head of Communications)

Integrated Enhanced services launch (Commercial Director, Head of Communications, Membership Co-ordinator)

Integrated Enhanced Services delivery (Theme Directors, Business Managers, Membership Co-ordinator)

Corporate Partner

Corporate Partner proposition refined and produced (Commercial Director, Theme Directors, Clinical Leads, Business Managers, external contractors)

Corporate Partner proposition tested (Commercial Director, Business Managers and Head of Communications with Medtech industry MDs or equivalent, pharma industry MDs or equivalent)

Corporate Partner engagement process (Commercial Director, Head of Communications, Membership Co-ordinator)

Corporate Partner launch (Commercial Director, Head of Communications)

Corporate Partner delivery (Theme Directors, Membership Co-ordinator)

Expert Networks

Digital Network (commissioned as part of service contract delivery by network lead, supported by Theme Directors and Business Managers)

Clinical Trials and Evidence Network (Meets as existing advisory group; needs support to develop a more outward-facing and communications-focused delivery by Business Managers, supported by Theme Director)

Mental Health Network (Meets as existing advisory group; needs support to develop a more outward-facing and communications-focused delivery by Business Managers, supported by Clinical Lead)

Person-centred Care Network (*Meets as existing integrated care and long term conditions advisory group; needs support to develop a more outward-facing and communications-focused delivery by network lead, supported by Clinical Lead, Theme Director and Business Managers*)

Innovation and Adoption Network (*Meets as existing innovation and improvement leads advisory group; needs support to develop a more outward-facing and communications-focused delivery by network lead, supported by Theme Director and Business Managers*)

Patient Safety Network (Collaborative) (*New collaborative needs establishing which also merges the existing drug safety advisory group; delivered by Patient Safety Programme Manager, supported by Clinical Leads*)

Healthy Living Active Ageing Network (*Meets as existing EIT Health KIC group; needs support to develop a more outward-facing and communications-focused delivery by co-ordinator, supported by Clinical Lead and Business Managers*)

Education and Workforce Network (*New network needs establishing with HEWM; delivered by Education Co-ordinator/Theme Lead, supported by Business Managers and Clinical Leads*)

Genomic Medicine Personalised Health Network (*New network needs establishing with GMC; initial development by Managing Director, delivered by GMC ambassadors*)

Enhanced Integrated Services

Digital Innovation Service for Health/care (DISH)

Deliver the service as commissioned (*Theme Directors, Business Managers*)

Innovation and Adoption Service

Recruit the Innovation and Adoption Theme Director (*Managing Director and Commercial Director*)

Receive the output of the online development from contractors and bring to the market accordingly (*Commercial Director, Business Managers supported by Theme Director*)

Receive the output of the service development from contractors and bring to the market accordingly (*Commercial Director, Business Managers supported by Theme Director*)

Person-centred Care Service

Develop the specification of the service offering (*Commercial Director, Theme Director, Clinical Leads and Business Managers*)

Commission the service (*Commercial Director, Theme Director and Business Managers*)

Opportunities/Programmes

Recruit the Opportunities/Programmes Co-ordinator (*Managing Director, Commercial Director*)

Work on well-defined opportunities process that responds to the networks and services challenges (*Commercial Director, Theme Directors, Clinical Leads, Opportunities/Programme Co-ordinator*)

Wealth Creation

Recruit the two industry secondments (*Managing Director, Commercial Director*)

LEP work programme including EU funding developed and initiated (*Commercial Director, LEP secondment*)

Medicine optimisation work programme developed and initiated (*Commercial Director, Medicines Optimisation secondment*)
Growth strategy refresh and progression (*Commercial Director, Business Managers and Head of Communications*)
Health and Wealth Economic Summit, including *BQ Magazine* round table dinner (*Commercial Director, Business Managers and Head of Communications*)
BQ² Magazine Special Report produced (*Commercial Director, Business Managers and Head of Communications*)

Governance

Repurpose the theme directors' and clinical leads' meeting and the terms of reference for theme directors/clinical leads, to take into account above responsibilities (*Managing Director, Theme Directors, Clinical Leads*)

Work with the theme directors and spoke chairs to deliver the spoke councils on behalf of the Board (*Managing Director, Commercial Director, Business Managers*)

Relocate to the Institute of Translational Medicine, Heritage Building (QE)

On confirmation from the ITM Project Manager, conduct a change of location to designated offices in the ITM on the University Hospital Birmingham NHS Foundation Trust site (*All executive team members*)
Inform all stakeholders and other WMAHSN contacts of change of location and new contact details (*Admin, Head of Communications*)

Key timings

Membership

Membership launch: 1 June 2015
Enhanced Integrated Service Propositions refined, produced and tested: 1 June - September 2015
Enhanced Integrated Engagement process: September - December 2015
Enhanced Integrated Services launch: 1 January 2016

Corporate Partner Proposition refined, produced and tested: 1 June - September 2015
Corporate Partner engagement process: September - December 2015
Corporate Partner launch: 1 January 2016

Expert Networks

Digital Network (already running)
Clinical Trials and Evidence Network launch: September 2015
Mental Health Network launch: September 2015

Person-centred Care Network launch: September 2015
Innovation and Adoption Network launch: September 2015
Patient Safety Network (in development)
Healthy Living Active Ageing Network launch: September 2015
Education and Workforce Network launch: September 2015
Genomics Medicine Personalised Health Network launch: September 2015

Enhanced Services

Digital Innovation Service for Health/care (DISH) launch: November 2015
Innovation and Adoption Service launch: 13 October 2015
Recruit Innovation and Adoption Theme Director: July 2015
Person-centred Care Service launch: November 2015

Opportunities/Programmes

Recruit the Opportunities/Programmes Co-ordinator: June 2015

Wealth creation

Recruit the two industry secondments: June 2015
Medicine optimisation work programme developed and initiated (*Commercial Director, medicines optimisation secondment*): September 2015
Growth strategy refresh and progression: September 2015
Health and Wealth Economic Summit: 13 October 2015
BQ Magazine round table dinner: November 2015
BQ² Magazine Special Report produced: March 2016

Governance

Repurpose the theme directors and clinical leads meeting and the terms of reference for theme directors/clinical leads to take in to account above responsibilities: June 2015
Work with the theme directors and the Spoke Chairs to deliver the Spoke Councils on behalf of the Board: June 2015

Relocation

Relocate to the Institute of Translational Medicine, Heritage Building (QE):
Autumn 2015

Annex A: West Midlands' factors and the regional landscape

The West Midlands is a region of contrasts. Its population is a little larger than that of Scotland and the landscape ranges from historic industrial conurbations to rural farmland. The regional employment base has changed gradually from one that contained a considerable, heavy manufacturing component to a more service-based economy (between 1996 and 2010, there was an 11 point decline from 22% of the workforce being in manufacturing jobs to just 11%). This shift was accompanied by low, net migration and rising unemployment. The latter now ranks as the second worst in England. Furthermore, the West Midlands has the lowest proportion of workers, male and female, in the age bracket 25 to 39 years and 14.5% of the workforce has no qualifications, a higher rate than anywhere else in England (and compare to the national average of 11.2%).

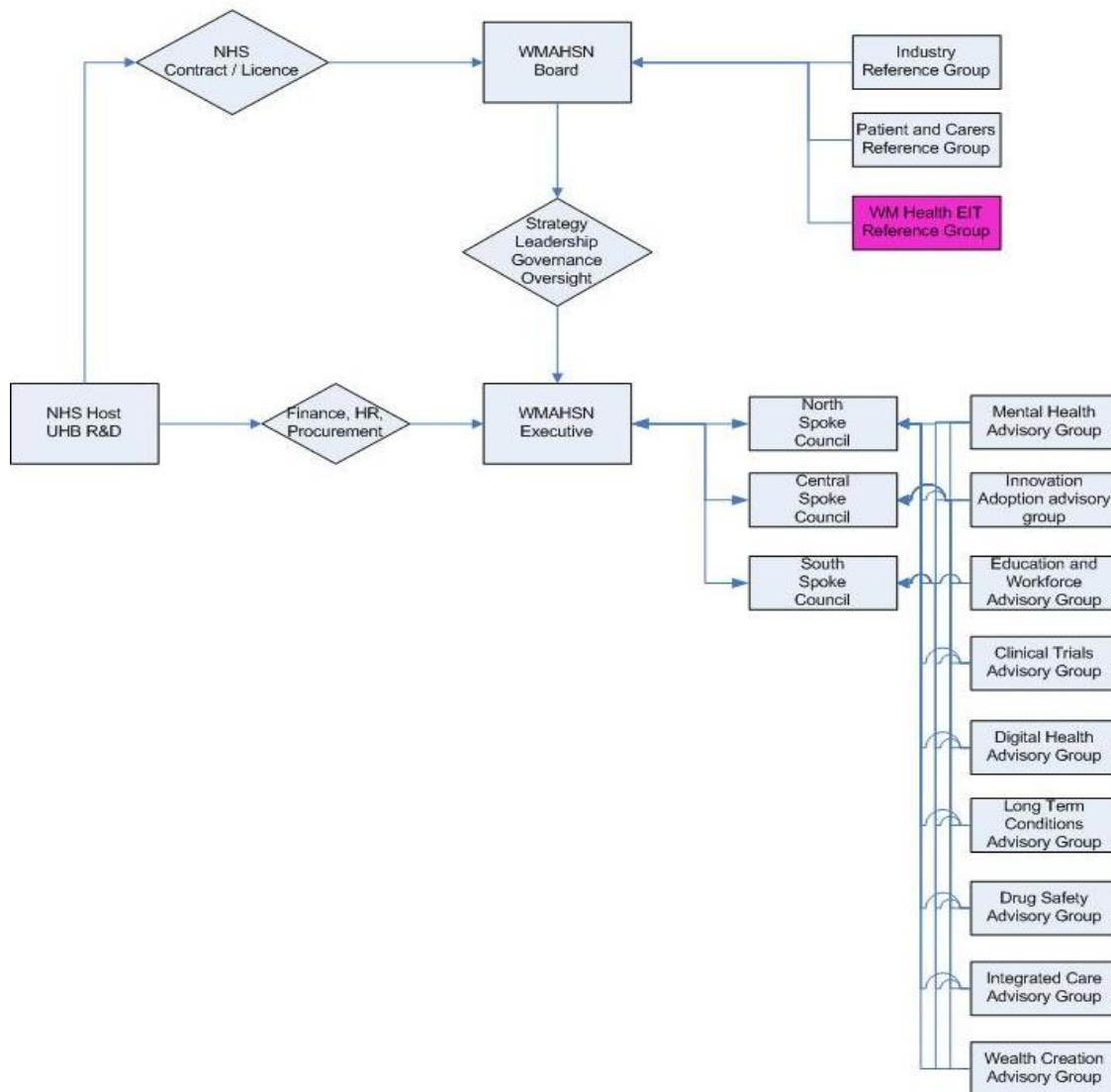
In terms of fertility, the West Midlands has the highest birth rate in England. It also has the highest infant mortality rate and during the shift from a manufacturing to a service-based economy, it was the only region in which poverty and child poverty increased. Of additional concern is the fact that the region has the highest rate of obesity and the lowest per capita spend on research and development. Despite these statistics, which typically characterise the deprived areas, there are many affluent communities where the correspondingly different indices of health only serve to highlight the extent of the inequalities that exist.

At the same time, the network across the West Midlands is rich in potential. It is home to 18 acute trusts, six mental health trusts, four community trusts and one ambulance trust. There are 975 GP practices and 700 dental ones. The new NHS England landscape sees it supported by 22 Clinical Commissioning Groups (CCGs) and 14 Health and Wellbeing Boards (HWBs) across 14 local authorities. There is one Clinical Senate, one Comprehensive Research Network (CRN) and one Collaboration for Leadership in Applied Health Research and Care (CLAHRC WM). There are one Local Education and Training Board (LETB), five Local Education and Training Councils (LETCS) and 10 universities with faculties of health or life sciences, with medical schools in three of them. Crucially, there is the West Midlands' population of 5.6 million people, which takes pride in being one of the most diverse in England. This diversity as well as the comprehensive nature of its bid resulted in the West Midlands being awarded one of the initial waves of Genomics Medicine Centres.

The West Midlands has 1000+ companies associated with the medical and healthcare sector with 600+ companies fully involved in the life sciences sector. This spans the entire supply chain. The NHS in the West Midlands is very active with industry in general: a high proportion of the income it receives to undertake academically led research activity comes from industry through educational and research grants. This is in addition to the funding received from industry to cover the costs associated with commercial clinical trials it conducts for pharmaceutical companies as part of their drug development process. In one trust alone, industry income accounts for at least a third of all research income received externally on an annual basis (circa £1.5 million).

In summary, the West Midlands continues to be a region of diversity, with areas of affluence and deprivation and with established health inequalities, but it is also one that is rich in potential.

Annex B: WMAHSN Governance Structure



The governance structure is now maturing with the last elements coming into place, namely the patient and carers' reference group and the digital health and the education working groups. The 2015/16 enhancements to our governance structure come with the addition of the EIT Health KIC reference group. This advises the Board on the EU-funded EIT Health KIC programme of work.

Annex C: The WMAHSN opportunities for innovations process

The WMAHSN has a defined “push and pull” process for addressing the region’s health delivery needs through asking for outcome-focused innovation proposals in any of **five themes or seven priority areas**. These can be received and considered throughout the year. They will be managed using a standardised approach that judges the applications against specified criteria as well as their potential impact and ease of implementation.

WMAHSN criteria

Proposals will be shortlisted against the following criteria:

- Regional scalability
- Fit with WMAHSN priorities and business plan
- Clear deliverables, outcomes measures and quality indicators
- Evidence of support across the region
- Patient/carer involvement
- Consistency with other WMAHSN themes
- Fit with the NHS Outcomes Framework and FYFV
- Evidence of additional investment.

The priority areas are:

- Medicines optimisation and adherence
- Patient experience and feedback
- Open data
- Mental health
- Long term conditions
- Wellness and healthy ageing
- Patient safety.

The themes are:

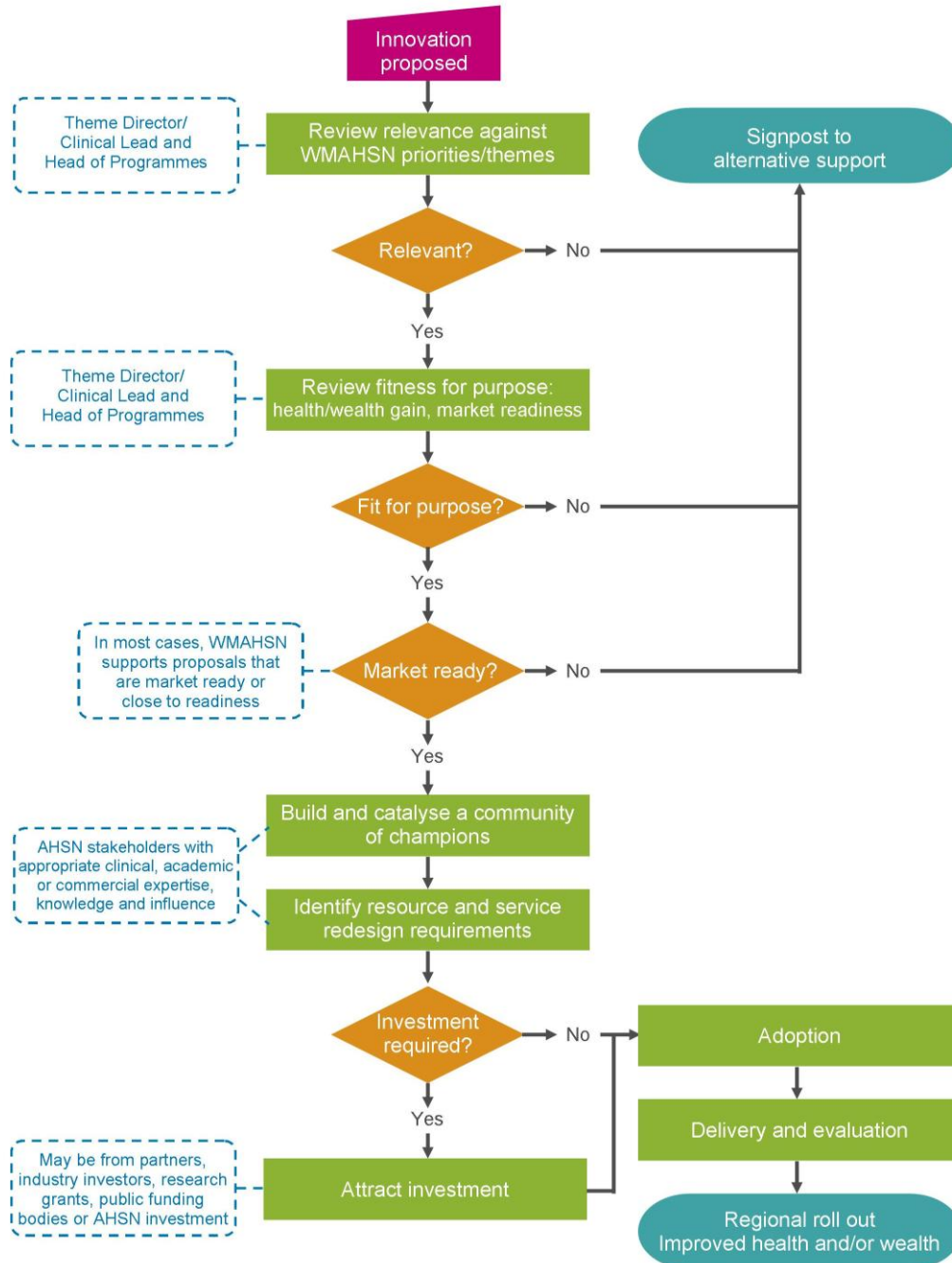
- Digital health
- Patient-centred care
- Education and the workforce of the future
- Wealth creation
- Evidence and adoption.

These priorities and themes are outlined in greater detail on the WMAHSN website where fuller descriptions afford greater understanding and guidance to help in the preparation of submissions.

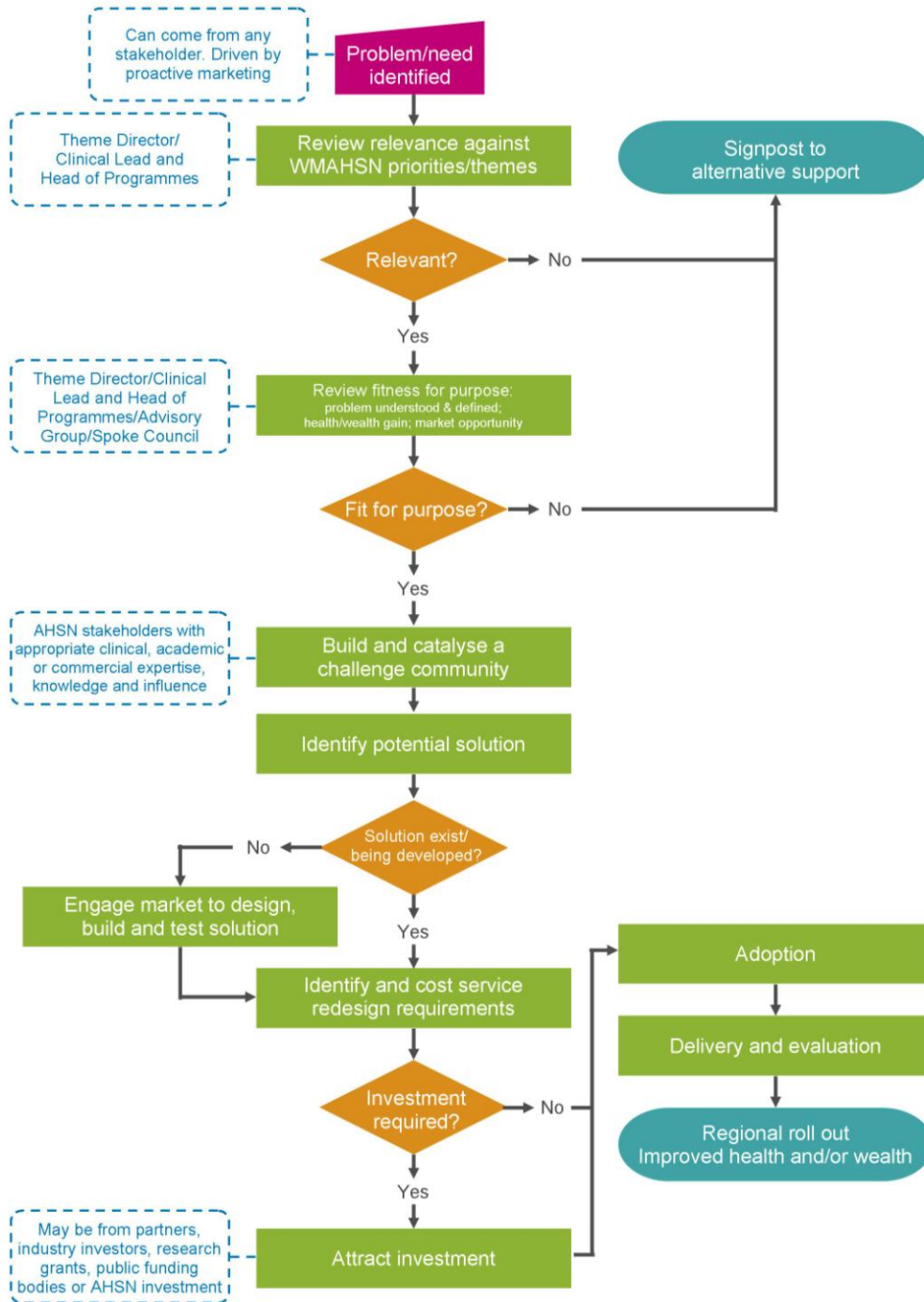
Our push and pull and review processes

The WMAHSN innovation push and pull process

The innovation push process is illustrated as follows:

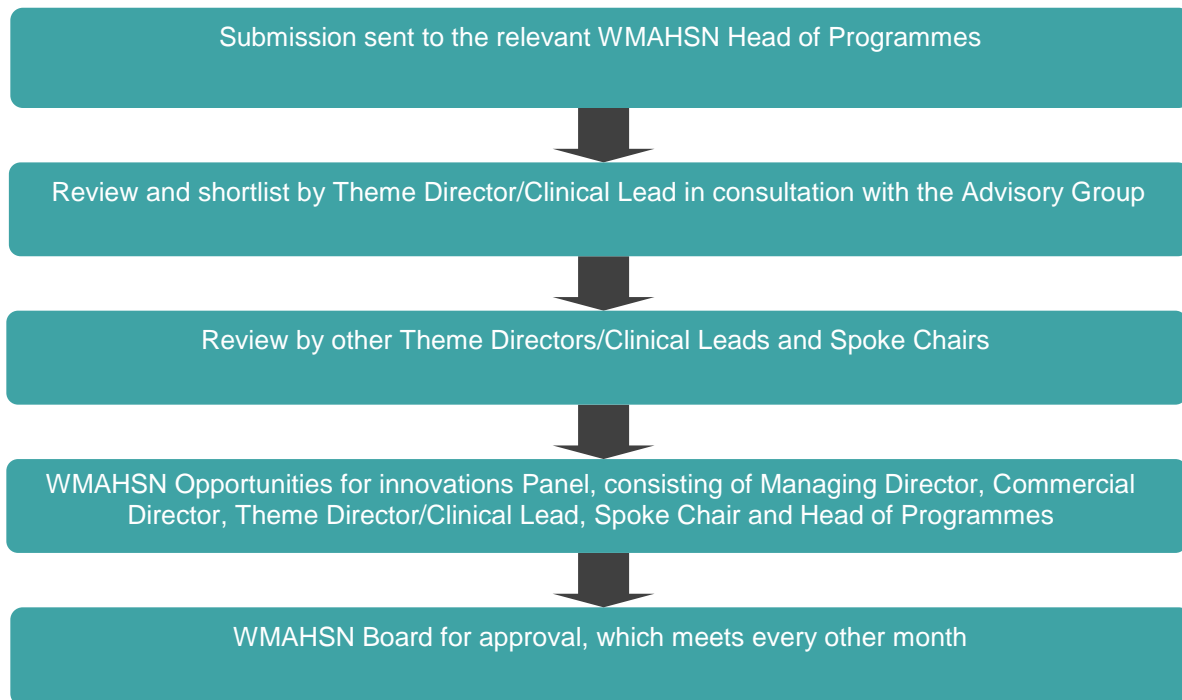


The innovation pull process is illustrated as follows:



Whether submitting a push or a pull proposal, applicants follow the algorithm and the application is subjected to the opportunities review process (see over).

The opportunity review process



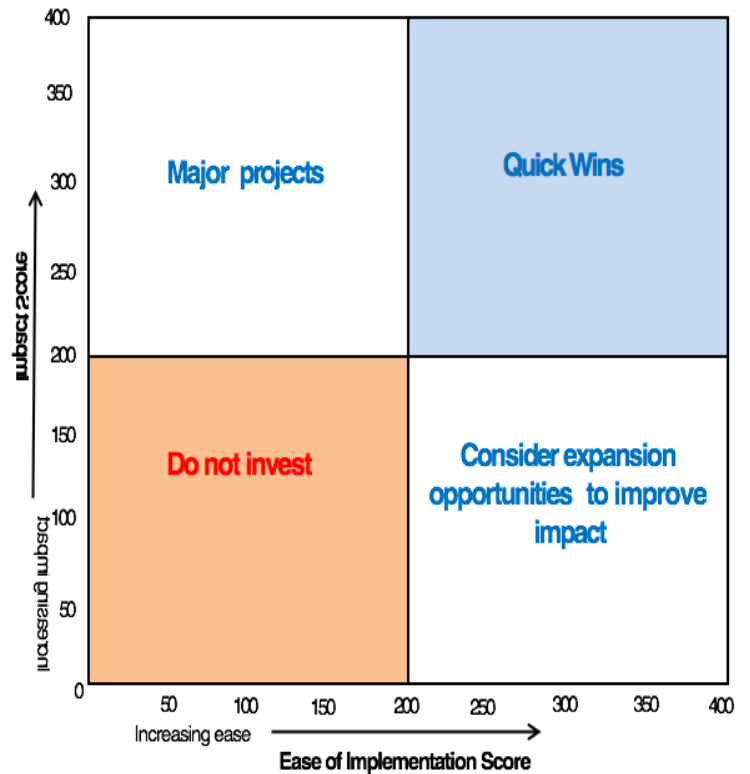
Underpinning the review process is a matrix of weighted priorities to help assess applications (see over).

The prioritisation process

Prioritisation Criteria

	Weighting	Score/value 1-4
Funding sought for 2015	£	
Impact		
Number of patients impacted?	10	
Are clear outcomes defined?	5	
Regional perspective clearly addressed?	5	
Does proposal meet national objectives?	5	
Objectives aligned with WMAHSN?	5	
Is proposal evidence based?	5	
Magnitude of individual benefit?	5	
Physical health impact?	5	
Mental health impact?	5	
Social impact?	5	
Improved quality of life?	5	
Increase in life expectancy?	5	
Improved patient/carer experience?	5	
Improved access/waiting times?	5	
Equity/health inequality impact?	5	
HR/staff impact e.g. skill mix?	5	
Clear return on investment?	5	
Scalable and transferable?	5	
Return on investment?	5	
Total		
Ease of Implementation		
Is the programme clearly defined?	10	
Are the key deliverables clear?	10	
Is the proposal affordable?	10	
Are outcome measures detailed?	10	
Is the proposal sustainable?	10	
Partnerships/collaborations for delivery?	10	
Availability of staff?	10	
Service user acceptance?	10	
Able to implement within timescales?	10	
Theme Director/Clinical Lead involved in agreeing measures?	5	
Spoke, Reference Group and Advisory Group support?	5	
Total		

Proposal Priority Matrix



The WMAHSN investment process

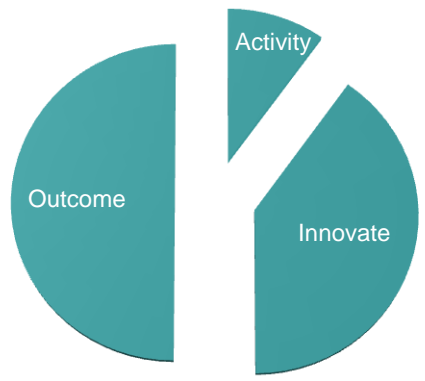
As an AHSN our investments are focused on the delivery of health and economic outputs, through the adoption of innovation at scale and pace. This involves an assessment of the following:

Activity: Engagement, preparation and enabling activities in order to deliver the programme.

Innovation: We assess innovations at the market ready end of the pipeline with a keen focus on the implementation and embedding of innovations into mainstream business.

Outcomes: Measurable health and economic improvements across the West Midlands region.

Optimal investment profile



Annex D: The current and proposed WMAHSN non-executive and executive structure

Our current structure

The Non Executive Team

AHSN Chairman
UHB Host Director
Spoke Chairs (3): North, South and Central
Mental Health Director
Health Education Director
Public Health Director
Research Network Director
Medical School Deans (3)
Life Sciences Industry Director
Primary Care Director (vacant)

The Executive Team

Directors (2): Managing Director, Commercial Director
Theme Directors (5): Person-centred care, wealth creation, digital health (shared post), clinical trials, innovation and adoption (vacant)
Priority Clinical Leads (5): mental health, drug safety, long term conditions, prevention and wellness (joint post), patient safety
Leads - joint leads posts (2): healthy living and active ageing (with Science City) and education and workforce (with Health Education West Midlands)
Heads of Programmes (4): innovation and adoption, wealth creation, drug safety; clinical trials, integrated care, long term conditions; digital health, mental health; patient safety
Head of Communications (1)
Project Assistant (1)

Our proposed structure

The Non Executive Team

AHSN Chairman
UHB Host Director
Spoke Chairs (3): North, South and Central
Mental Health Director
Health Education Director
Public Health Director
Research Network Director
Medical School Deans (3)
Life Science Industry Director
Primary Care Director (vacant)

The Executive Team

Directors (8):

Managing Director

Commercial Director

Theme Directors (5): patient-centred care, wealth creation, digital health (shared post), clinical trials, innovation and adoption (vacant)

Priority Clinical Leads (5): mental health, drug safety, long term conditions, prevention and wellness (joint post), patient safety

Managers (3):

Patient Safety Manager: patient safety, drug safety

Business Managers (2): expert networks and services

Communications Lead

Education Lead

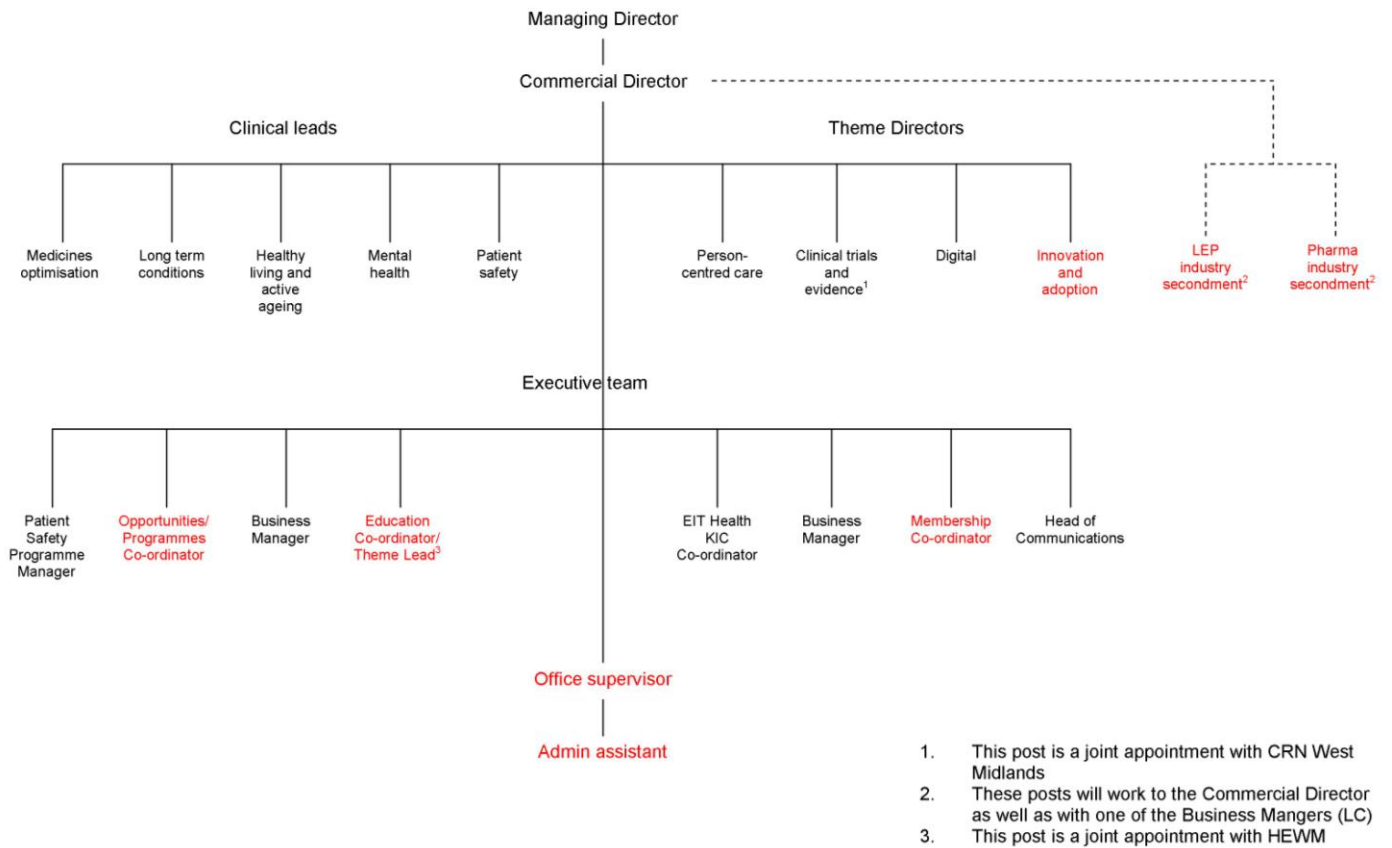
Industry Secondments (2): medicines optimisation, LEPs

Co-ordinators (3): Membership Co-ordinator, EIT Health Co-ordinator, Opportunities/Programmes Co-ordinator

Office Supervisor

Admin assistant

The proposed structure is illustrated below:



Posts in RED are being recruited.



Annex E - Enhanced services and corporate partnering income projections

NHS Membership:
In the West Midlands:
There are 22 Clinical Commissioning Groups supported by 2 Commissioning Support Units (CSUs)
There are 30 Trusts ranging in size from 847 to 9087 FTE employees

Variables:
What cut-off values do we use to distinguish between large, medium and small Trusts?

	FTE employees	Number
Large Trust employing more than	4,000	12
Small Trust employing less than	1,000	16
Therefore, a Medium Trusts employing between	4000 and 1000	2

Suggested Fee:	£ 50,000	Large Trust
	£ 25,000	Medium Trust
	£ 10,000	Small Trust
	£ 10,000	CSU

Forecast % uptake	40%	Large Trust
	20%	Medium Trust
	30%	Small Trust
	100%	CSU

Result:	£ 240,000	Large Trusts
	£ 80,000	Medium Trusts
	£ 6,000	Small Trusts
	£ 20,000	CSUs

Total Forecast Income (NHS) £ 346,000

Key:

Enter Data Here
Calculated Data - Do not change

HEI Membership:
In the West Midlands:
There are 12 HEIs, of which 4 have a Medical School, and 8 do not.

Suggested Fee:	£ 20,000	HEI with Medical School
	£ 15,000	HEI without Medical School

Forecast % uptake	50%	HEI with Medical School
	50%	HEI without Medical School

Result:	£ 40,000	HEI with Medical School
	£ 60,000	HEI without Medical School

Total Forecast Income (HEIs) £ 100,000

Industry - Corporate Partners:

Suggested Fee:	£ 5,000	Pharmaceutical Partner
	£ 5,000	MedTech Partner

Forecast number of Pharmaceutical Partners	5
Forecast number of MedTech Partners	5

Result	£ 25,000	Pharmaceutical Partners
	£ 25,000	MedTech Partners

Total Forecast Income (Industry) £ 50,000

Other Membership

	Number	FOC?
Schools	TBC	FOC?
FE Colleges	48	FOC?
3rd Sector/Charities/Social Enterprises	TBC	FOC?
Local Authorities	14	FOC?

Grand Totals	£ 346,000	NHS
	£ 100,000	Academia
	£ 50,000	Industry

Improving health and creating wealth