



Health
Innovation
Manchester

Transformation through Innovation

Impact Report 2021 - 2022

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Foreword

From Chair and Chief Executive

Greater Manchester is regarded as one of the most active, diverse and growing health innovation ecosystems in the UK, owed to its concentration of advanced health and care, academic, life sciences and digital sectors. We have been able to make huge advances in these areas over the last few years by forming strategic partnerships across the city region to deliver demonstrable benefits to local services, citizens and the communities in which they live.

However, during 2021-2022, the health and care system has continued to face considerable pressures, financially, clinically and operationally, as well as the ongoing impact of COVID-19 and there is a real danger that inequalities will deepen in some of our most disadvantaged communities.

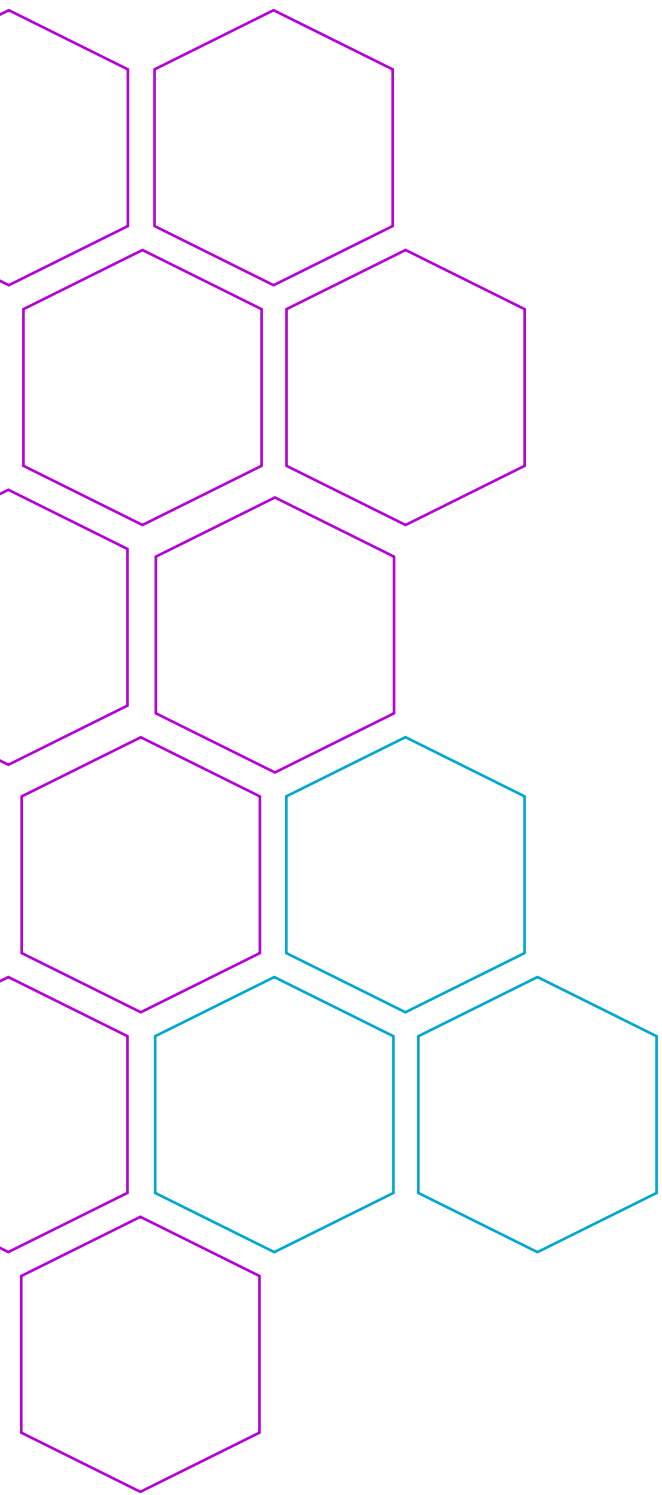
The need to innovate, rapidly adapt and change out-dated ways of working has never been more pressing to ensure that services evolve to deliver first-class care and treatment based on groundbreaking research, smart design, digitally transformed models and a deep understanding of communities and their needs. Innovation is also a major driver of economic growth and development by forming partnerships with industry that create new skills, jobs and solutions.

As part of this, Health Innovation Manchester's core offer to the GM system is delivering a programme of industry-led innovations to support key health and care priorities

that improve outcomes for citizens, reduce inequalities, enable transformation of care pathways, support service improvement and deliver economic benefits to all parts of GM. With the national formation of Integrated Care Systems, HInM has been working in close collaboration with system partners to ensure research, innovation and digital remain top strategic priorities for the system into the future.

This was enshrined in our three-year business plan, "Leading with Delivery". Launched in June 2021, the plan showcased HInM's desire to build on success since 2017 and laid out our commitment to putting GM in the best possible place to attract and deploy new innovations that will make the biggest difference to the health, wealth and wellbeing of our citizens.

Building on the success of collaboration, cohesion and focus across the GM system developed over recent years and particularly in response to COVID-19, In the past year we've put this business plan into action with a wide-ranging portfolio of activity including; our NHS England and NHS Improvement commission as an Academic Health Science Network; our local GM innovation projects; our increasing focus on digital transformation; and projects leveraged from industry, research collaboration through Manchester Academic Health Science Centre (MAHSC), NHSX, and other sources.



Within this impact report you find out more about our activity during the past year, including patient stories, expert opinions and case studies from across our portfolio of activity. It includes the continued success and development of the GM Care Record, the launch of a ground-breaking study into implementation of a new cholesterol treatment and how digital technology is transforming primary care in GM.

Our impact and development as an Academic Health Science System has also been under the microscope this year as the subject of an academic paper. Written by researchers at The University of Manchester and published in the International Journal of Integrated Care, the paper used stakeholder interviews and documentary research to reflect on our journey in the past few years

[Read the report >](#)

As we look to 2022-2023, HInM will continue to pave the way at a city-region level. With health innovation confirmed as one of the top four priorities for the GM Integrated Care System, HInM will act as the lead agency in this area, acting on behalf of system partners. We will continue to build on the existing health innovation assets in GM to stimulate local economic growth and prosperity as part of a joined up approach to innovation in GM, across the North of England and UK.

We would like to thank all our partners and staff for their cooperation and collaboration during the past year, as well as continuing to share vital learnings and insights in order for us to constantly improve and develop as a system.



Rowena Burns
Chair
Health Innovation Manchester



Professor Ben Bridgewater
Chief Executive Officer
Health Innovation Manchester

About Health Innovation Manchester

Health Innovation Manchester has developed over the last four years to create a world-leading integrated health science and innovation system.

Formed in October 2017, HInM brought together the former Greater Manchester academic health science network (GM AHSN) and Manchester Academic Health Science Centre (MAHSC) under a single umbrella.

In October 2019, the NIHR Applied Research Collaboration Greater Manchester (ARC-GM) also joined HInM, conducting pivotal research into new and better ways of promoting health, delivering care and supporting the economic sustainability of the system.

HInM harnesses these capabilities, alongside digital and industry expertise, through an innovation pipeline and delivery method to accelerate at scale, with projects directly aligned to Greater Manchester's transformation priorities.

We are Health Innovation Manchester

Our purpose

Health Innovation Manchester's mission is to become a recognised international leader in accelerating innovation that transforms the health and wellbeing of our citizens.

We work with innovators to discover, develop and deploy new solutions, harnessing the transformative power of health and care, industry and academia working together to address major challenges and tackle inequalities.



Our focus and priorities

We have developed a framework against which we will align our delivery portfolio and resources with our innovation activity segmented into four strategic themes:



Accelerate innovation at pace and scale

Close alignment of innovation to addressing GM's major health challenges, with a stronger affiliation to commissioning and service transformation to ensure maximal benefits are delivered.



Data science, pathway analysis and transformation

GM's strong digital and data assets are now globally important for analysing existing pathways and supporting pathway redesign to benefit citizens and the system.



Conduct traditional trials and real-world studies

Continue to build on GM's excellence in recruitment to clinical trials and source opportunities to harness all of GM's data assets to deliver real world evidence studies



Place-based transformation

Support localities to harness the power of digital technology to transform and regenerate local communities by addressing the many factors affecting health, wealth and wellbeing

Our core capabilities



Digital strategy, solution design and delivery



Innovation development and deployment



Business insights, intelligence and benefits



Strategic industry partnerships

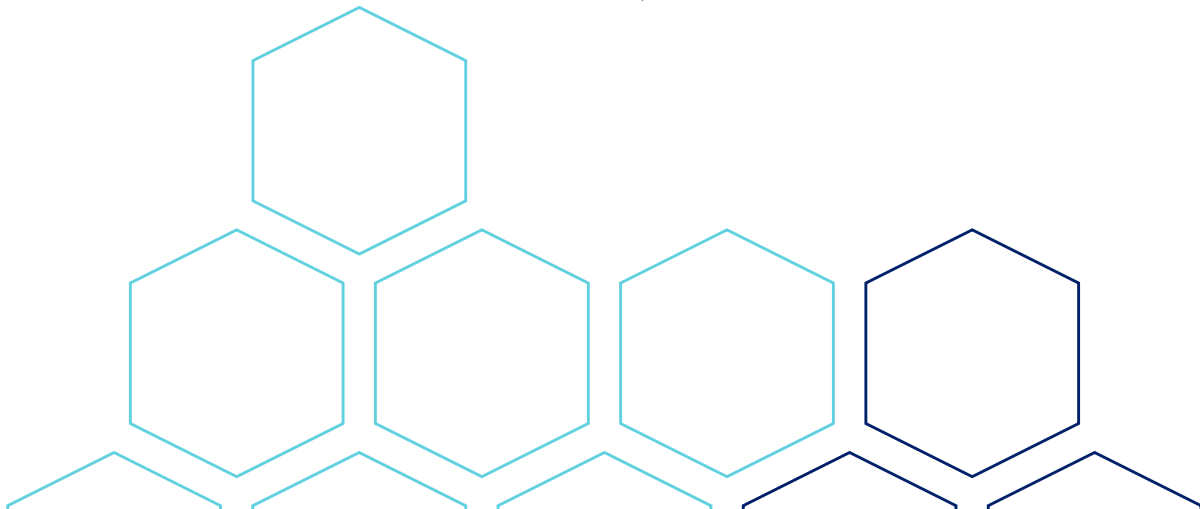
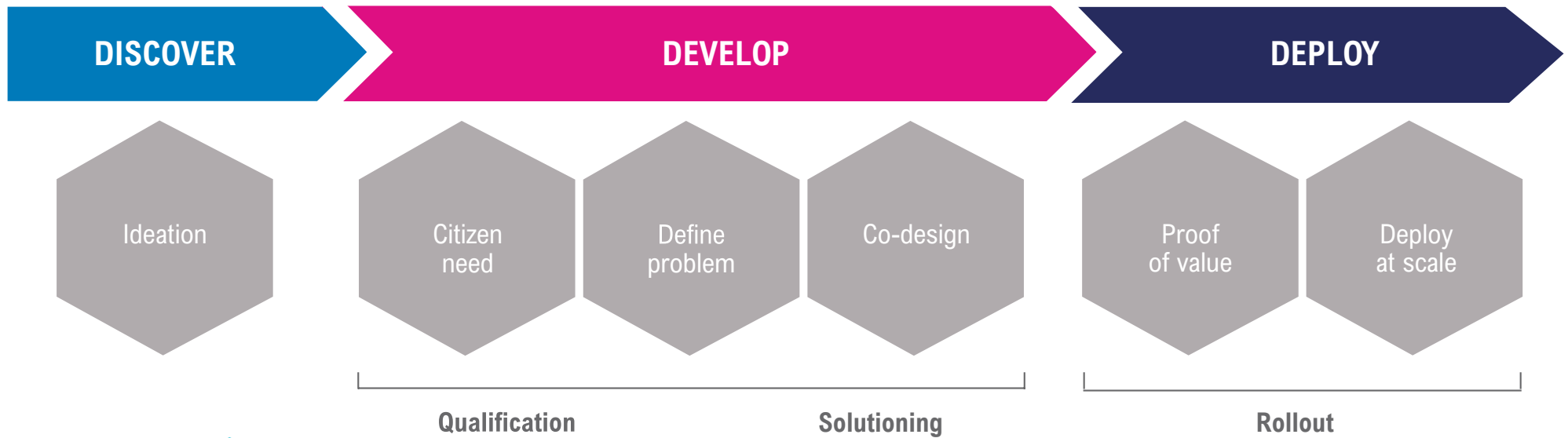


Academic partnerships and applied health research

[Find out more in our business plan >](#)

Our method and approach

Through our pipeline approach to innovation, we will continue to evolve our method to develop a deeper understanding of the needs of citizens and co-design innovative solutions with our partners. These are deployed at scale and lead to transformation of care pathways and citizen outcomes.



Our Impact

2021 -
2022

DIGITAL



GM Care record includes

3.1 million
500

patient records across over
health and care providers in GM

Accessed **14k** frontline health & care
by over workers each month

Over **140k** patients benefitting

from more informed care via the
record each month for direct care

22 COVID-19 related research studies
using GMCR deidentified data

Over **1000** pregnancies supported
through the MyMaternity App



7 new workstreams identified
in Digital First Primary Care

INDUSTRY



211

companies supported through the
Innovation Nexus online portal and
business support service including:



58 SMEs supported
through the Greater
Manchester European Regional
Development Fund (ERDF)
sectors programme.

15 SMEs supported
through our Cheshire
and Warrington Fund ERDF
Health Matters programme.

37 SMEs supported
through our
GM ERDF R&I Health
Accelerator programme

46 companies across 4 cohorts
completing the STEP Into
Healthcare programme which provides
education and training for SMEs on un-
derstanding the NHS landscape, the GM
healthcare ecosystem and prepares
them for the NHS procurement and
pitching process.

3 projects funded
directly by the
commercial team to
carry out real world
evaluations

13 SMEs supported with the planning and
launch of real world evaluations in GM

1 new digital healthcare project successful in securing
Momentum Innovation Funding for evaluation, working
through system development, in Greater Manchester.



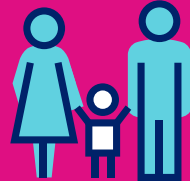
Our Impact **2021 - 2022**

HEALTH & CARE



73 young people with an eating disorder supported with early interventions in GM since 2021

5000 children in GM supported with an objective ADHD assessment since 2019



363 care homes (63%) supported to recognise early signs of deterioration through use of RESTORE2 mini



3 neonatal teams in GM supported to reduce avoidable admissions

RESEARCH



73 active research projects (26 of which were COVID-19 related)



£4.43 of leveraged research funding into GM

£1.15M in co-funding from partners

23 publications

8 PhD Students

6 Pre-Doctoral Fellows

7 Interns



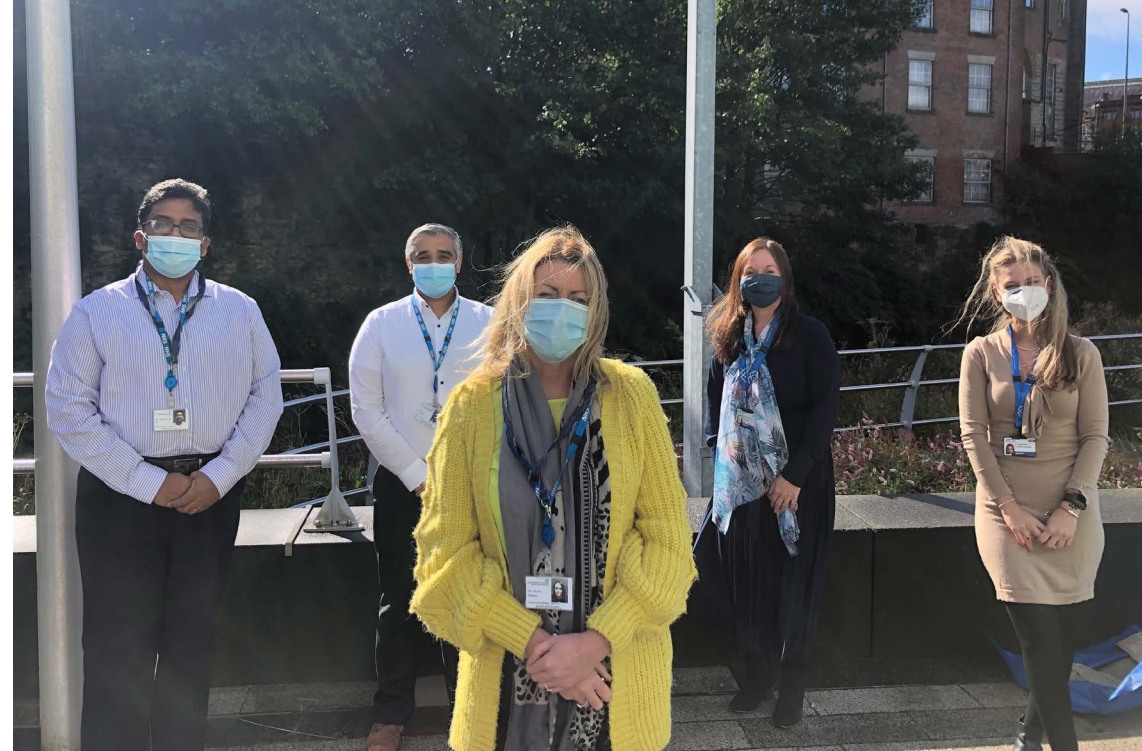
Accelerate innovation at pace and scale

Over the past four years we have established our innovation pipeline aligned to Greater Manchester's priorities and citizen health and care needs.

Through our pipeline approach and rigorous methodology, we have a strong set of potential and proven innovations that have been actively deployed across the GM city-region to benefit health and care staff, services and patients.

Innovations may be sourced locally from the GM system, be mandated nationally through our AHSN requirements or identified through collaborations with academics, researchers or international innovators.

Success in securing system-wide adoption of these proven innovations through agreed and streamlined decision-making processes is a key differentiator for GM and a huge attractor for industry.



FREED team in HMR - ADHD

National Programmes: Shared priorities across the AHSN Network

As an Academic Health Science Network, HInM works joined with the 14 other AHSNs to spread national innovations. During 2021-2022 this has included the continuation three AHSN adoption and spread programmes commissioned by NHS England.

Early Interventions Eating Disorders

Supporting mental health teams across England to speed up diagnosis and treatment of eating disorders in young people aged 16 to 25. HInM has supported the rollout of FREED (First episode Rapid Early intervention for Eating Disorders), an evidence-based, specialist care package in Salford, Manchester and Heywood, Middleton and Rochdale. It overcomes barriers to early treatment and recovery and provides highly coordinated early care.

[Find out more >](#)

Focus ADHD

AHSNs are working with mental health trusts and community paediatric services across England to improve the assessment process for Attention Deficit Hyperactivity Disorder (ADHD) for children and young people. HInM has supported mental health services within Greater Manchester to adopt QbTest technology, which measures attention, impulsivity and motor activity at the same time. These indicators are core symptoms of ADHD and accurate measurement adds objectivity to support timely diagnosis.

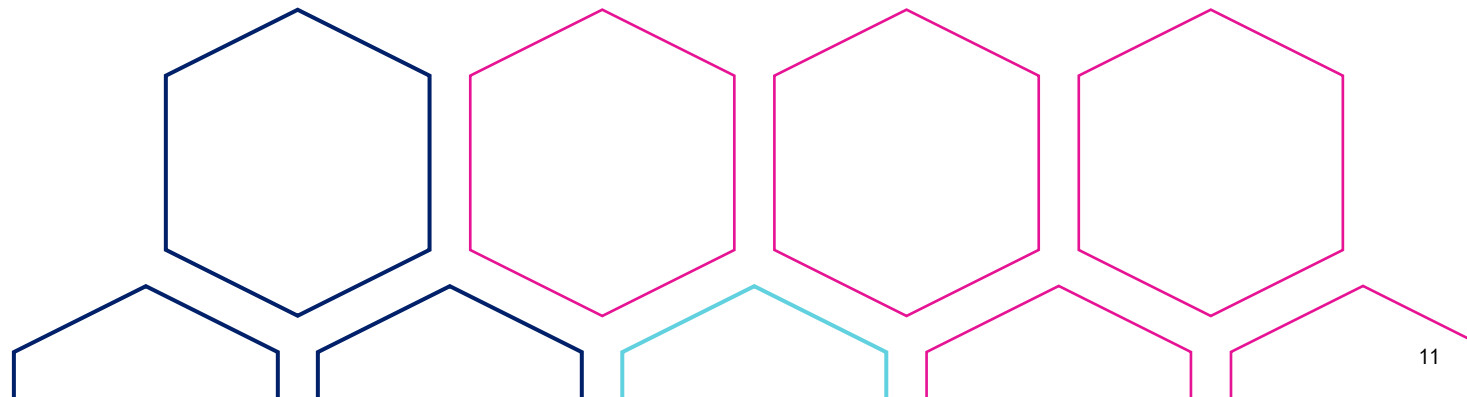
[Find out more >](#)

Lipid management and FH

The aim of this joint Accelerated Access Collaborative (AAC) and AHSN Network programme is to improve the management of cholesterol, increase the detection of those with Familial Hypercholesterolaemia (FH) and optimise the use of all medicines for patients on the cholesterol management pathway.

[Find out more >](#)

All three national programmes have been commissioned for a further year and will continue in 2022 – 2023.



Rapid uptake products and MedTech funding mandate

HInM is also a member of the Accelerated Access Collaborative, the umbrella organisation for UK health innovation, and supports stronger adoption and spread of proven innovations through two programmes

- The Rapid Uptake Products (RUP) programme has been designed to support stronger adoption and spread of proven innovations. It identifies and supports products with NICE approval that support the NHS Long Term Plan's key clinical priorities, but have lower than expected uptake to date. During 2020 – 2022, HInM has supported products for lipid management and severe asthma management.
- The MedTech Funding Mandate accelerates the uptake of selected innovative medical devices, diagnostics and digital products to patients faster. During 2020 – 2022, HInM has supported products including placental growth factor-based testing - a blood test to rule out pre-eclampsia in pregnant women and gammaCore— a handheld device which alleviates the symptoms of severe cluster headaches.

[Find out more >](#)

Case Study - FREED: Supporting young people with an eating disorder in Greater Manchester

FREED is the First Episode Rapid Early Intervention for Eating Disorders. It is a flexible, evidence-based treatment approach with a focus on early intervention. It is accessible for young people aged 18-25 who are struggling with an eating disorder, including anorexia nervosa, bulimia nervosa, and binge eating disorder.

The FREED model was designed to reduce barriers and improve access to treatment, and provides a truly equitable and specific early intervention eating disorder treatment pathway for all young people and families within the service. Young people are offered rapid access to specialised treatment focusing on their eating disorder, with the aim to offer assessments within 2 weeks of referral and start therapy within 4 weeks.

Health Innovation Manchester is supporting the national adoption of evidenced based models including FREED as part of the Academic Health Science Network.

FREED first launched in Manchester and Salford in March 2021, as part of a phased introduction of the FREED pathway across Greater Manchester. FREED was then rolled out to Heywood, Middleton and Rochdale (HMR) in October 2021; and a further four areas in Greater Manchester will adopt the pathway in 2022/23.

GMMH launched FREED during the COVID-19 pandemic, at a time of increased referrals nationally amongst eating disorder services. Across GMMH's eating disorders services, the team had to quickly adapt the way they delivered psychological interventions, to ensure safe and quality care and treatment could continue. This included utilising digital tools in line with national guidance including

conducting individual and group psychological therapy via Microsoft Teams. GMMH have also continued to safely see some service users face-to-face where there has been clinical need or where it has been requested.

GMMH are now offering first line psychological interventions for eating disorders (MANTRA and CBT-T) in a group format, with the benefit of individuals being able to access evidence based treatments more quickly, and also to reduce the isolation that often comes with an eating disorder, particularly during the pandemic. So far, 73 people have received therapy on the FREED pathway with a further 7 people ready to start. Whilst still in its infancy, outcomes so far are promising.

At the end of September 2021, those who had completed therapy on the FREED pathway, demonstrated an overall reduction in eating disorder symptoms and behaviours, and in both anxiety and depression. GMMH continue to record and evaluate outcomes, to help and inform the FREED model going forward.

“One of the greatest things about FREED is that young individuals have not only experienced reductions in eating disorder symptoms, but throughout treatment they have focused on life beyond their eating disorder, have built a support network and become their own therapist!” – Dr Angelina Baslari, Counselling Psychologist & HMR FREED Champion

“Recovery can be possible no matter how long someone has had an eating disorder. But we know the quicker people are able to access treatment and support, the sooner they can get back to their lives. FREED gives those working in eating disorders the best chance at supporting young people to get help early, minimise disruption and get on with their lives. FREED is helping us win the race against eating disorders. It inspires hope and it is real joy to be part of that process.” – Dr Zoe Tsivos, Senior Clinical Psychologist & Salford FREED Champion

Improving Patient Safety

Health Innovation Manchester plays an essential role in identifying and spreading safer care initiatives through the Greater Manchester and Eastern Cheshire Patient Safety Collaborative.

The PSC team supports delivery of the National Patient Safety Improvement Programmes. These programmes include reducing deterioration associated harm, improving maternity and neonatal safety, reducing severe avoidable medication-related harm and improving mental health care.

Find out more about our Patient Safety Work >



Recognising Deterioration through soft signs

The PSC team have been supporting care settings in Greater Manchester and East Cheshire to adopt deterioration management tools to help spot the signs of deterioration. This has included supporting 363 of care homes (63%) to use RESTORE2 mini, a tool supporting carers to use soft signs and observations to recognise when a resident may be deteriorating or risk of physical deterioration and take appropriate actions.

At Cornish Close Supported Living, which provides support for up to 13 adults with learning disabilities in Manchester, the introduction of RESTORE2 mini has enabled staff to break down barriers between the service and the wider NHS care support. The PSC team at HInM supported Cornish Close with training, resources and onboarding to RESTORE2 mini, including use of the digital version of the tool within the Safe Steps platform.

Manager Adam Hardakar believes using the tool will help his residents avoid unnecessary hospital admissions in the future by enabling his staff to recognise signs and communicate in a more structured manner to external clinicians, using a common language which has helped break down barriers between the service and the NHS.

He said: “I have seen a great benefit for the staff to be able to be more proactive rather than reactive with people’s health. We have a lot of people needing hospital admission as we are supported living, but this is seeing a great reduction as we can see people at the start of them developing infections/illnesses and this is then dealt with by community health teams rather than getting to a point of needing hospitalisation.”

Staff at Cornish Close have also been trained on vital signs observation and they are trialling use of the full RESTORE2 tool, which enables carers to also calculate the National Early Warning Score (NEWS2) to assess how unwell someone is using vital signs.

Supporting neonatal care through quality improvement

Midwives and neonatal teams in Greater Manchester have been supported by the PSC team to help reduce the number of avoidable admissions of term babies to neonatal units. The time immediately following birth is a unique, individual and precious moment for infants, mothers and their families. Mothers and babies have a psychological and physiological need to be together in the immediate postpartum period and interrupting this normal bonding process increases the chances of harm and later health concerns. Keeping mothers and babies together is a safe and healthy birth practice and the overall aim of the PSC team work was to help teams identify changes that could be implemented to reduce separation and improve outcomes.

Through a series of support calls with the PSC team at HInM, teams in Manchester, Oldham and Stockport were provided with the tools and skills to be able to reduce avoidable admissions. This included support to implement a neonatal risk assessment tool, diagnostic exercises to better understand any patient safety issues using quality improvement tools and development of measurement plans to appreciate improvements.

Since receiving the support and guidance units have begun to see reductions in admissions to the units and feel more confident in undertaking quality improvement work.

One clinician said: “We really appreciate the importance of process mapping to visually describe the flow of patients and identify opportunities for improvement. We are looking forward to the next steps and sustaining our improvement initiatives, we feel that we are making a difference.”



Image: Stockport team

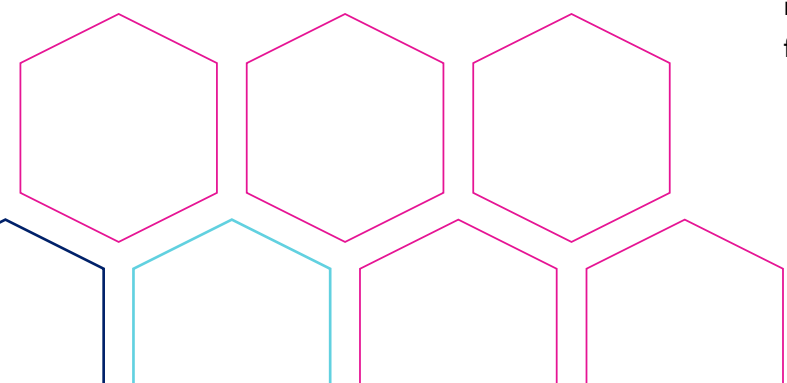
Mental Health Safety Improvement Programme: Reducing Restrictive Practice

Health Innovation Manchester is working in collaboration with the Advancing Quality Alliance to reduce restrictive practice across Greater Manchester. Restrictive practice refers to any act which involves restricting a person such as physical restraint, the use of rapid tranquillisation, or the use of a seclusion room. This project is part of a national initiative to improve patient safety with an ambition to reduce restrictive practice in mental health wards by 25%. Lower levels of restrictive practice can significantly improve both patient and staff experience.

Health Innovation Manchester is supporting wards to deliver projects that lower levels of restrictive practice. Through coaching calls and a series of three collaborative learning events, we aim to develop teams' confidence and capability in quality improvement approaches, both for this project and future initiatives.

Six diverse wards are participating from across Greater Manchester with representation from Greater Manchester Mental Health and Pennine Care.

The Mental Health Safety Improvement programme is part of the national patient safety commission from NHS England and Improvement.



Supporting Industry Innovators

Health Innovation Manchester engages with the full spectrum of the life sciences sector, targeting innovations that align to the needs of the Greater Manchester's health and social care system.

Through our Innovation Nexus and a variety of industry support programmes, HInM helps SMEs and industry partner to develop new products and solutions that can be trialled and tested in our clinical settings before being launched for wider adoption and spread. The Health Innovation Manchester team of advisors brings together expertise across all aspects of working with the NHS and innovation, from trials, evaluation and market needs analysis to procurement and adoption.

[Find out more how we work with innovators >](#)

OUR IMPACT IN 2021-22



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companies supported through the Innovation Nexus online portal and business support service including:



58 SMEs supported through the Greater Manchester European Regional Development Fund (ERDF) sectors programme.

15 SMEs supported through our Cheshire and Warrington Fund ERDF Health Matters programme.

37 SMEs supported through our GM ERDF R&I Health Accelerator programme

46 companies across 4 cohorts completing the STEP Into Healthcare programme which provides education and training for SMEs on understanding the NHS landscape, the GM healthcare ecosystem and prepares them for the NHS procurement and pitching process.

3 projects funded directly by the commercial team to carry out real world evaluations

13 SMEs supported with the planning and launch of real world evaluations in GM



1 new digital healthcare project successful in securing Momentum Innovation Funding for evaluation, working through system development, in Greater Manchester.



Innovations supported in 2021-2022

BBL Protect – Aeropods

Aeropod is a personal isolation device/patient transfer system for infectious patients. It has applications in aviation and military field hospitals, as well as in the transport of a patient in an ambulance to a highly infectious disease unit for treatment.

Health Innovation Manchester supported BBL Protect first through the STEP INto Healthcare programme in 2020 and more recently through the ERDF funded Research & Innovation Health Accelerator, providing intellectual property guidance, literature reviews, patent searches, and introductions to clinical microbiologists and the Health & Safety Executive. HInM is also assisting BBL Protect in designing the perimeters for a research collaboration to test the viability and efficiency of disinfecting the apparatus using Ozone fumigation. BBL Protect are now demonstrating the assembly, use and disassembly

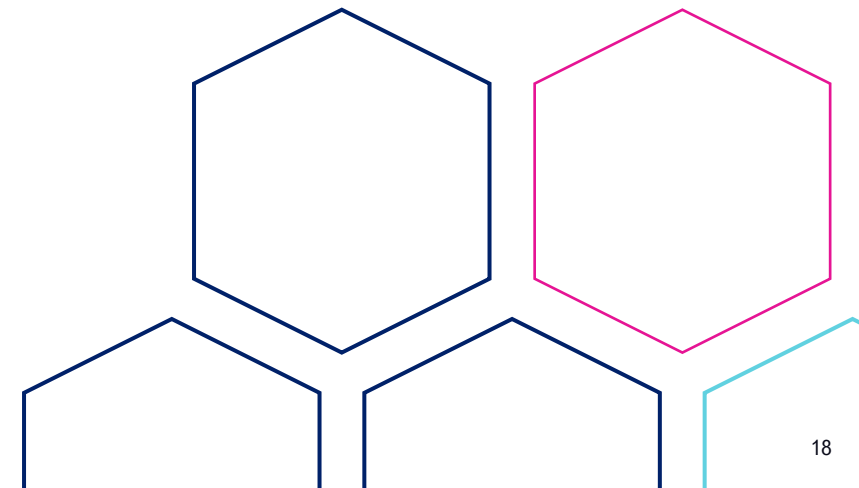
of the Aeropod to a team of clinical microbiologists and emergency services workers in a Manchester hospital. at North Manchester General Hospital.

Russel Clifton, Co-Founder at BBL Protect said,:
“The contacts and the support we have received have led to two real world evaluations, with another being planned in the North West, links into the Health & Safety Executive for testing of the product and access to information and people, which as a start-up you wouldn’t get without the support of HInM.

“The knowledge and contacts that HInM have amongst the staff team has opened doors and supported us in discussions and conversations with medical personnel, which has given us a level of credibility as a new company to progress through the healthcare system.”



Image: BBL Protect 1



Phagenesis Ltd. - Phagenyx® therapy for the treatment of neurogenic dysphagia

Phagenyx® treats patients suffering from neurogenic dysphagia, a swallowing impairment caused by stroke and/or prolonged mechanical ventilation, spending long periods of time in the ICU and hospital. It delivers very small amounts of electrical stimulation to a specific area of the throat which travels along the nerve pathways to the swallow control centres of the brain. Phagenyx® is clinically demonstrated to be safe, efficacious, and to help accelerate recovery in the ICU and beyond, regardless if patients are treated early or late in their dysphagia episode.

Health Innovation Manchester provided clinical and health economic resources to build an economic return on investment (ROI) model for Phagenyx® based on NHS best practices. The model clearly demonstrates an attractive ROI for Phagenyx® in reducing ICU and hospital

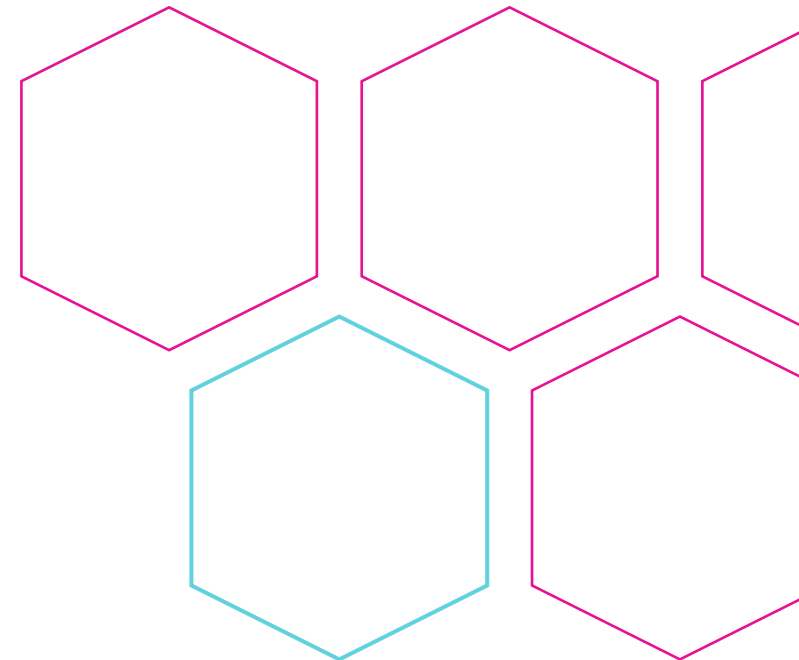
length of stay, reducing patient complications (like pneumonia), and increasing ICU bed capacity, both at the patient level and institution level. The impact of this work is helping Phagenesis gain access to hospitals around the UK. HInM has also facilitated meetings with the Heads of Procurement and Critical Care Network for the Greater Manchester area. This work is also advancing initiatives to get approved nationwide as an NHS Supply Chain Vendor and recommended in NICE guidelines and has even received international interest.

Reinhard Krickl, CEO at Phagenesis Ltd. said:

“Health Innovation Manchester has been a trusted partner for many years, demonstrating a commitment to supporting homegrown businesses, like Phagenesis, with their clinical, economic, and market access resources, and follow through with high quality work outputs that truly enable businesses to advance their clinical and business agendas.”



Image: Phagenesis Ltd



Dignio – Dignio Integrated Care Platform

The Dignio Integrated Care Platform is an easy-to-use connected care solution, which uses bluetooth linked devices and smartphone apps to alert professionals if they need to act. Health and social care teams across a region can use Dignio to monitor a single illness pathway or a range of conditions. Dignio is helping to keep people out of hospital and in the safe hands of their care team in the comfort of their home.

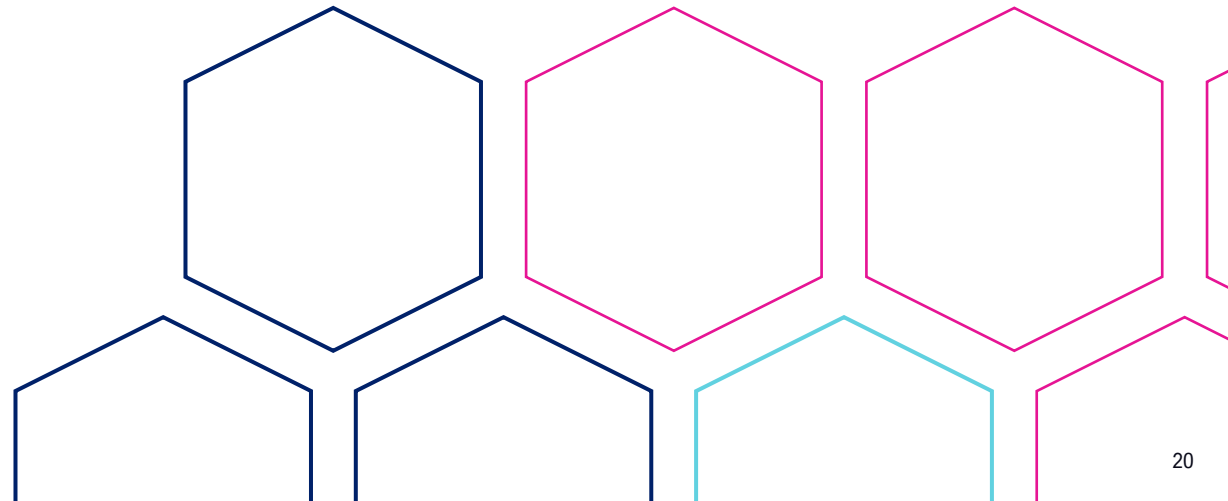
Dignio joined Health Innovation Manchester's STEP INto Healthcare programme to understand more about working with the NHS before joining the Greater Manchester Research and Innovation Health Accelerator to further their understanding and engagement with the health and care system within Greater Manchester.

Ewa G Truchanowicz, Managing Director at Dignio, said: “The pragmatic, industry-centric approach from Health Innovation Manchester, and understanding of the challenges SMEs face when interacting with the NHS, were reassuring from the start of our interactions. The STEP INto Healthcare programme was incredibly well structured, and the speakers shared pertinent expertise and guidance focused on action, and not just theory.

“We decided to apply for the accelerator programme since we have been already working with Mastercall in Stockport since 2019, and are keen to grow a team in GM. We have found the innovation support ecosystem, including MIDAS and Bionow, well aligned with the needs of a company trying to succeed in the UK market.”



Image: Dignio



Driving innovation through research

Manchester is a leading international centre of excellence in education, research, healthcare, patient care, industry collaboration and the translation of cutting-edge developments in science into care and treatment.

Health Innovation Manchester plays a pivotal role in driving research and innovation through core components Manchester Academic Health Science Centre and NIHR Applied Research Collaboration Greater Manchester (NIHR ARC-GM).

Manchester Academic Health Science Centre (MAHSC) brings together world leading academic and NHS partners to make new scientific discoveries and shorten the time to turn them into effective treatments to deliver benefits for patients locally and around the world.

Academic Health Science Centres are designated by NHS England and NHS Improvement and the National Institute for Health and Care Research for demonstrating excellence in health research, health education and patient care. MAHSC is one of only eight academic health science centres in England – and the only one in the North West.

[Find out more >](#)

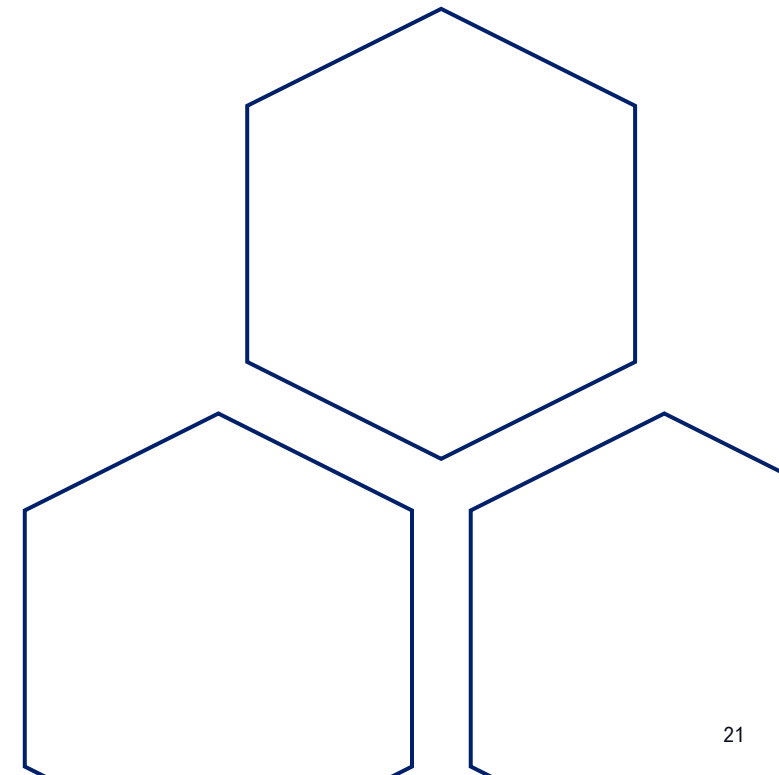
NIHR ARC-GM was set up to design and deliver applied health and care research that responds to, and meets, the needs of local populations and the GM health and care system.

It is one of 15 ARCs across England, part of a £135 million investment by the NIHR to improve the health and care of patients and the public.

[Find out more >](#)

Crucially, research projects undertaken via MAHSC,

NIHR ARC-GM and GM's other research bodies are pulled through HInM's innovation pathway to provide a rich pipeline of evidence-based innovations that can be deployed at pace and scale. It means we can make real fast-tracked improvements to the health of local people and beyond.





RESEARCH



73 active research projects
(26 of which were COVID-19 related)



£4.43 of leveraged research funding into GM

£1.15M

in co-funding from partners

23 publications

8 PhD Students

6 Pre-Doctoral Fellows

7 Interns





Research report into healthcare system impacts of the 2017 Manchester Arena bombing

MAHSC collaborators published a research report on the hospital care of injured patients from the Manchester Arena bombing.

The report, “Healthcare system impacts of the 2017 Manchester Arena bombing: evidence from a national trauma registry patient case series and hospital performance data” was published in the Emergency Medicine Journal, part of BMJ Journals

It showed, for the first time, that during a civilian major trauma terrorist incident, detailed patient information and routine hospital performance data can be collated and used to examine the demands placed on a region’s healthcare system.

The report identified that, from the perspective of a region’s NHS hospitals, a pre-rehearsed major incident plan appeared effective in delivering the most seriously injured children

and adults to hospitals best suited to deliver their care needs. It also shows that the region’s ability to provide networked emergency hospital care for both children and adults was never overwhelmed but was at the expense of a significant loss of planned surgical capacity and a reliance on local community services to help free up hospital capacity.

Professor Paul Dark, Professor of Critical Care Medicine at The University of Manchester, said:

“This report has shown for the first time how systematic collation of both individual patient hospital data and hospital performance data can be used to examine the demands on a region’s healthcare system during a major terrorist incident. “Four years on, the impact of the incident is still being felt, but we recognised that it was important to reflect and use the available data to learn from the event.”

[Find out more >](#)

Research Impact – Citizens’ juries find transparency is key to public support for health data sharing

Sharing health data was vital during COVID-19. Using emergency powers, data sharing initiatives were rapidly set up allowing the NHS to quickly use and share information to provide care during the pandemic.

These data sharing initiatives have the potential to provide value beyond the immediate pandemic response, including improving care and in health research and planning. But in order to do this the public must have confidence in the system and must be consulted.

NIHR ARC-GM worked with NHSX, researchers from The University of Manchester and the National Data Guardian for Health and Social Care to hold three citizens juries in order to understand public attitudes to three national data sharing initiatives which were introduced to tackle the pandemic. The juries each spent 36 hours across eight days listening to evidence and deliberating the initiatives.

The results of the juries found that, while supportive, many jurors were concerned about the lack of transparency for some initiatives. They felt transparency and governance were important, even in a pandemic.

Key findings of the juries

- A clear majority of jurors supported the three initiatives, with between 87% and 100% being at least ‘broadly supportive’.
- Levels of support varied: 77% of jurors voted ‘very much in support’ of OpenSAFELY, an initiative used for research, only 38% were ‘very much in support’ of NHS England’s Covid-19 Data Store and Data Platform.
- The juries supported OpenSAFELY because they considered it the most transparent, trustworthy, and secure of the three data sharing initiatives.
- Most jurors felt that all the data sharing initiatives should continue for as long as they were valuable, potentially beyond the pandemic for non-Covid-19 uses.

- But only 6% of jurors wanted decisions over the initiative’s future to be taken by a minister or the organisation accountable for the initiative, such as the NHS. Instead, most believed that an independent body of experts and lay people would be best placed to do this.
- The 53 jurors were chosen to broadly reflect the age, gender and other characteristics of the population of England.
- One jury consisted of people from across England, one of people from Greater Manchester, and the third of people from West and East Sussex.

Dr Nicola Byrne, the National Data Guardian for Health and Social Care said: “We were a partner in this jury project as it is essential that the views of members of the public are heard in regard to how health and care data is used. As the NHS and government look beyond the pandemic to how data could be used and shared in the future, it is vital that the findings from these citizens’ juries are taken into account. They must ensure we build trustworthy systems that patients, professionals and the public can have confidence in.”

Dr Sabine van der Veer, from the ARC-GM Digital Health theme, said: “We need the public’s support if we want to use their health data for research and planning. The juries made it clear that transparency and independent oversight are indispensable to get that support.”

Dr Malcolm Oswald, Director of Citizens Juries c.i.c. and an honorary research fellow at The University of Manchester, said: “Citizens’ juries hear and weigh evidence, deliberate together, and use their values to assess trade-offs and make judgements to reach reasoned answers to the questions they are set. They are ideal for these kinds of complex policy issues.”

The insights from the report are being used in Greater Manchester to inform public awareness campaigns and to build trust in healthcare data sharing in relation to the Greater Manchester Care Record.

Read >

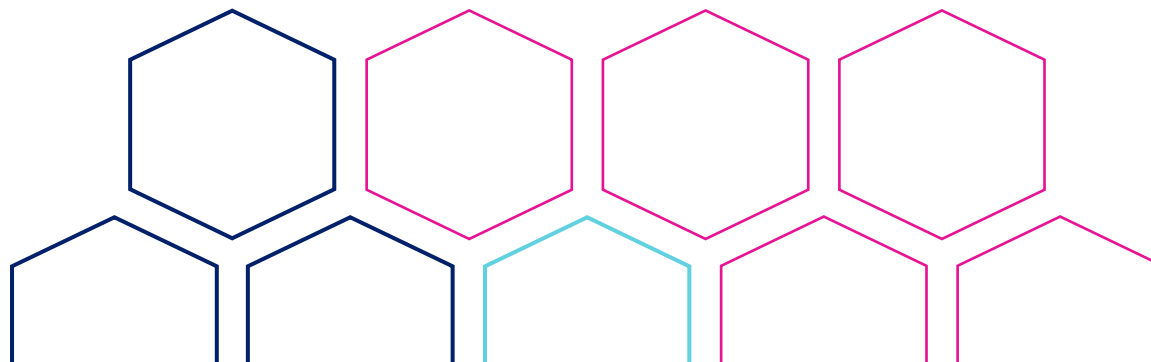
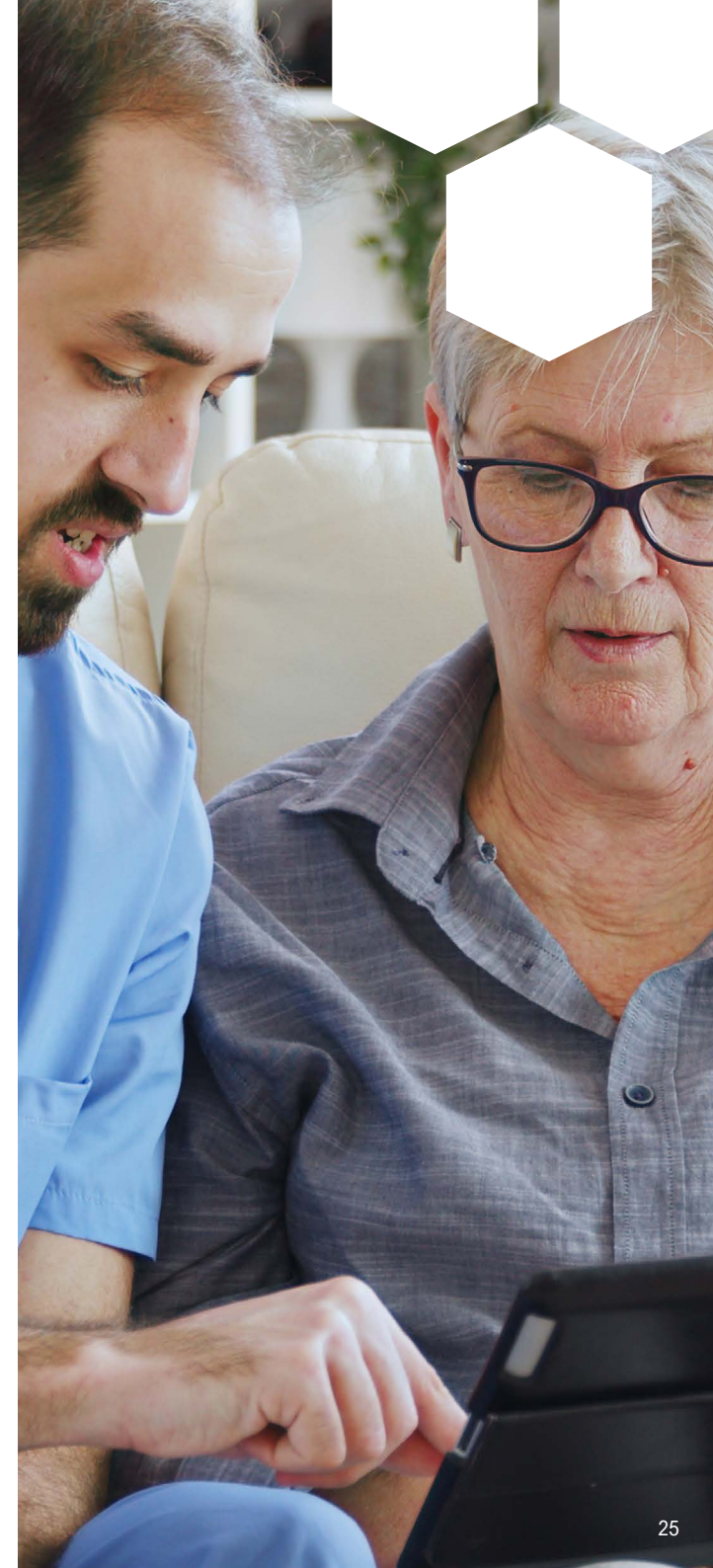
the “Citizens’ Juries on Health Data Sharing in a Pandemic” report

Watch >

a video about the project, including the views of jurors

Read >

a blog by Dr Nicola Byrne on the “Importance of Listing and Changing” promoted by the Citizen Jury project



Optimising neighbourhood vaccinations in GM

Health Innovation Manchester and NIHR ARC-GM have launched a joint project to gain insights into neighbourhood vaccination activities in Greater Manchester.

The COVID-19 pandemic has had an unequal impact on populations in the UK, with Greater Manchester experiencing disproportionately high virus-related morbidity and mortality. Although the COVID-19 vaccination programme has been hugely impactful, uptake of the vaccines has varied across Greater Manchester communities and neighbourhoods.

The joint project will examine barriers to vaccination uptake across the region and learn from local approaches undertaken to overcome these, with an aim to gain rapid insights into innovation development, implementation and outcomes.

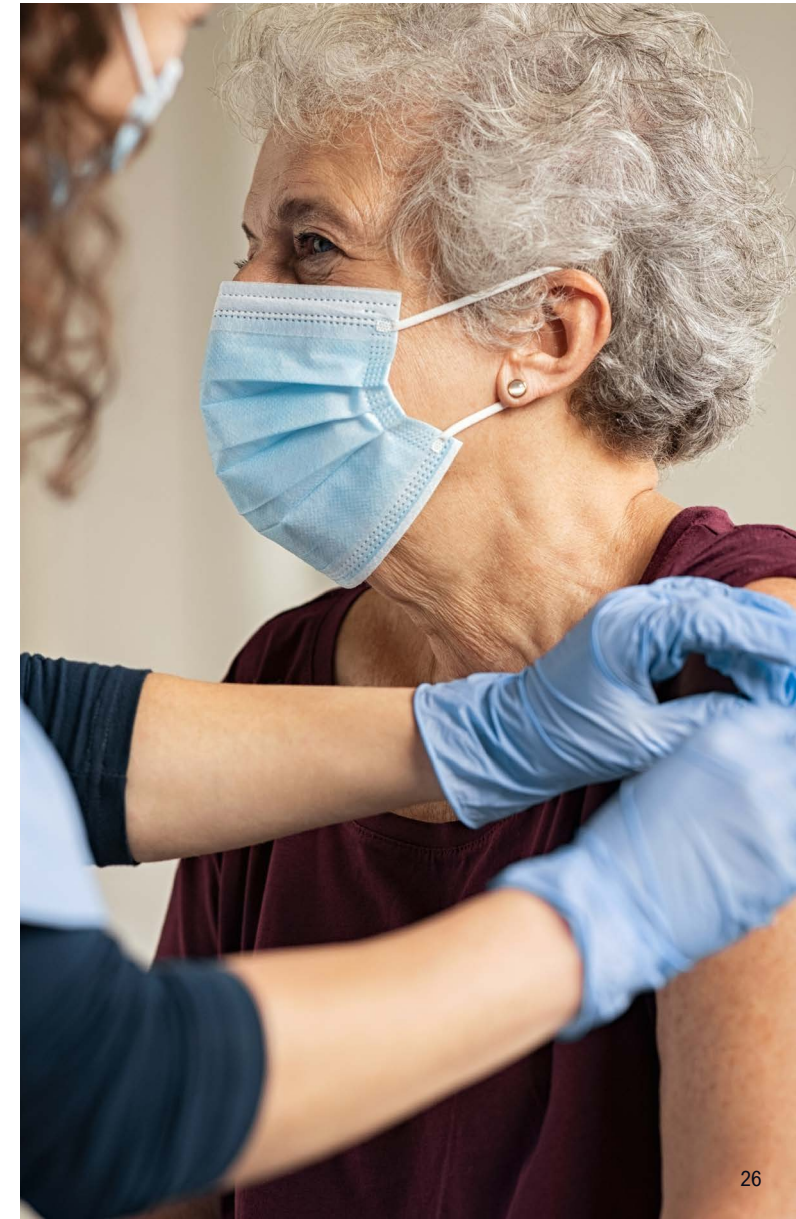
This research and information will be used to explore further opportunities for targeted vaccination activities and produce actionable guidance for all types of vaccination programmes delivered now and in the future across Greater Manchester.

The project is part of the NHS Insights Prioritisation Programme, established by the NHS Accelerated Access Collaborative and the NIHR ARC-GM to accelerate the evaluation and implementation of innovation that supports post-pandemic ways of working, builds service resilience and delivers benefits to patients.

Dr Tracey Vell, Health Innovation Manchester's Clinical Director, said: "A successful vaccination programme has been vital during the COVID-19 pandemic response. Greater Manchester has found innovative ways to deliver both COVID-19 and flu vaccines in the community and it is important that we learn from these to improve vaccination programmes in the future."

Professor Jo Dumville, Deputy Lead for the NIHR ARC-GM Evaluation theme and Professor of Applied Health Research at the University of Manchester, said: "We plan to describe vaccination activity, understand successes and learn from these models to optimise future vaccination delivery."

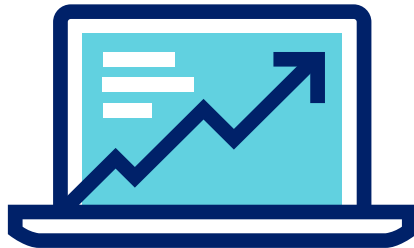
[Find out more >](#)



Data Science, Pathway analysis and transformation

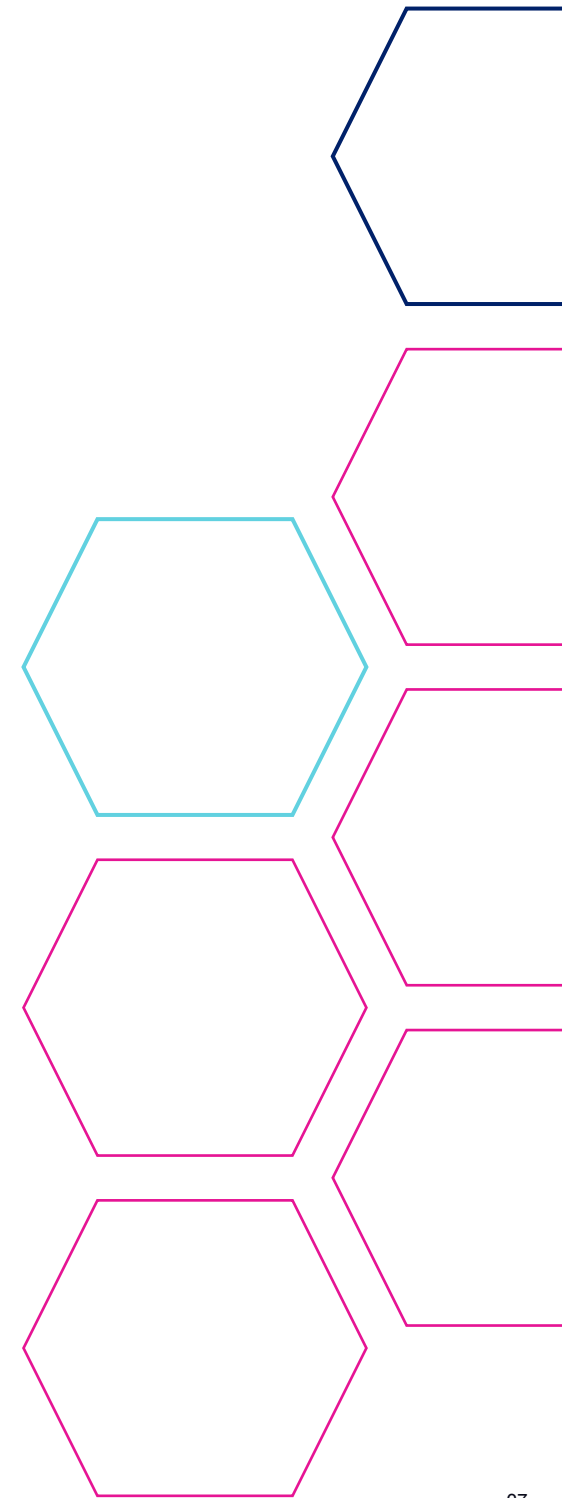
We are harnessing GM's strong digital and data assets to deepen understanding of population health, analyse existing pathways and support digitally-driven pathway redesign to benefit citizens and the system.

We are also now taking a much bigger role in driving digital across GM, applying capabilities in solution design, delivery and analytics to underpin service transformation that is focused on improving outcomes for GM patients and citizens.



During 2021 -2022 we have continued to grow and develop the GM Care Record as a major asset for informing direct care and treatment, as well as looking to grow its use and potential to inform service planning, design and research. We have built the foundations for this as part of the COVID-19 response, but are now expanding on this further into other pathways, backed by the right governance and legal frameworks and conducting our business with openness and transparency.

A considerable amount of work has gone into agreeing a digital maturity framework and investment priorities across GM, and we will now focus on setting up a series of delivery projects in progression of this work.



GM Care Record – A Major Digital Asset for health and care

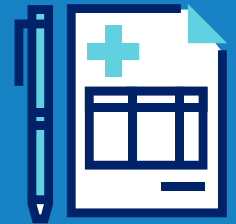
More than 140,000 patients each month are now accessed through the GM Care Record to support direct care following its accelerated rollout during the pandemic. Not only is it providing more informed care and treatment for the 2.8m citizens of Greater Manchester, but it is becoming a major digital asset for the city-region that is helping to transform care pathways and delivering greater intelligence on the health and care needs of the population.

In the past year, HInM has continued to develop the GM Care Record, taking it beyond the basic ability to share information, to supporting innovation, research and the transformation of care and citizen outcomes. It is also one of the core digital building blocks to support the development of the ICS in Greater Manchester.

GM CARE
RECORD IN
NUMBERS

3.1 million
patient records

443 GP Practices



All NHS Trusts including
acute and mental health

Accessed by over
14k users
each
month



Over
140k patient records
accessed each
month for
direct care

22 COVID-19 related research
studies using GMCR
deidentified data



As well as informing care and treatment on the frontline, the care record is now being used to support the transformation of care pathways through new use case development, including COVID-19 virtual wards, heart failure, and dementia and frailty. These use cases are overseen by a GM-wide clinical reference group to ensure maximum clinical and patient benefits are realised. A development roadmap for new use cases and further enhancing data feeds and access is being agreed with system partners for the next 12 months.

All of this activity to support both direct care and research has been underpinned by collaborative engagement and strong governance across GM data controllers, providers, commissioners, and central GM bodies.





Supporting COVID-19 Research

HInM has formed a close collaboration between the GM clinical-academic community, health and care partners and citizens to identify a suite of COVID-19 research studies that could be undertaken using de-identified data from the record. These studies go through a rigorous review process and there are now 21 studies underway or in the pipeline. During 2021-22, the first two studies to use the GMCR for research have reported their findings

Frequency of recording of self-harm episodes in primary care records in GM: examining the impact of COVID-19

Researchers used data from the GM Care Record to see if the number of people seeking help following self-harm during Winter 2020, followed a similar pattern to Spring 2020. The research aimed to understand if health services are meeting people's needs and if any groups need greater attention and enhanced support.

The research found that the number of people seeking help for self-harm in primary care (for example from their GP), dropped sharply during the first UK lockdown in 2020 and had not returned to pre-pandemic levels by May 2021.

Researchers analysed de-identified data from general practices across Greater Manchester to identify trends around self-harm by sex, age group, ethnicity and deprivation. The research found a potentially concerning treatment gap for self-harm among men and people living in the most deprived areas.

Dr Sarah Steeg, Presidential Fellow in mental health epidemiology at The University of Manchester, who worked with researchers from the GM PSTRC on this study, said: “We believe the fact the number of people accessing healthcare for self-harm didn't return to pre-pandemic levels by May 2021 is unlikely to be because these people aren't harming themselves. It is more likely to be because people aren't seeking help or aren't seeking help in the same way as they did before the pandemic.”

[Find out more about the study >](#)

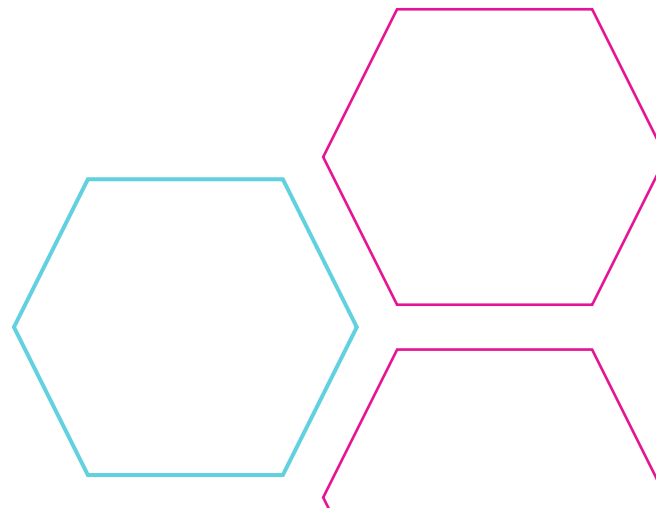
The equitability of the UK COVID-19 vaccination strategy

The second study to utilise de-identified data from the GM Care Record found that the COVID-19 vaccine rollout worsened existing health inequalities in GM.

Using the GM Care Record data, researchers from the University of Manchester and NIHR ARC-GM estimated inequalities in COVID-19 and seasonal flu vaccine uptake between 17 ethnic groups within Greater Manchester. It found that ethnic inequalities in COVID-19 vaccine uptake are far wider than those seen previously for flu vaccine uptake, and exist even amongst people who recently had a flu vaccine. Of particular concern, ethnic inequalities in COVID-19 vaccine uptake are concentrated amongst the most vulnerable – people living in the most deprived neighbourhoods, and older and extremely clinically vulnerable adults.

Themes raised in public and community discussion groups suggest that lower trust in COVID-19 vaccines and practical barriers to vaccine access are both likely to contribute to lower COVID-19 vaccine uptake amongst minority ethnic groups.

Lead author Dr Ruth Watkinson from The University of Manchester said: “We found ethnic inequalities in Covid-19 vaccine uptake are far wider than those seen previously for seasonal Influenza vaccine, and exist even among those recently vaccinated against Influenza. Further research and community engagement is needed to build trust and confidence amongst minority ethnic communities, and to better understand and remove barriers to vaccine access.”





GM Care Record Communications and Engagement Campaign

To fulfil our Duty of Transparency in the new use of patient information through the GM Care Record, a public communications and engagement campaign was delivered across Greater Manchester between June 2021 and March 2022.

The campaign included extensive outdoor advertising and social media advertising, media and PR releases, and a toolkit of communications materials delivered to localities and partners to use across their communications channels. The outdoor advertising appeared on every tram in Greater Manchester (134 trams) and at every major transport interchange (26). The social media advertising, in the form of short films about the GMCR, were viewed over 133k times by people living in Greater Manchester. A website set-up to support the campaign had over 31k unique visitors.

The engagement activity reached out to some of the diverse communities of Greater Manchester

and selected based on previous insight around lack of trust in data sharing and those communities least likely to engage with the health and care system. This included older people, the South Asian and Black African/Caribbean communities and people living in deprived areas. 6 focus groups were run online and face to face with over 80 people taking part to understand their views towards the GMCR.

The findings of this activity included:

- Limited previous knowledge of the GMCR and some surprise that such arrangement were not already in place.
- General support of the sharing of patient information to aid direct care. Concerns around the accuracy of information that could be shared.
- Some concerns expressed around patient information for research. However, most concerns were allayed once assurances given around deidentification and the type of research it will be used for.
- Access to their own data was seen as important to the participants and it was welcomed that this is currently in development.

In addition, further communications and engagement activity took place with primary care staff and data controllers across GM with over 360 primary care members of staff attending meetings to find out more about the GMCR.

The campaign has made significant progress in raising awareness of the GMCR. However, this should not be seen as the end of the process. Communications and engagement, as the GM Care Record evolves, should be seen as central activities to the programme to maintain and enhance the public's understanding of data sharing.

[Find out more >](#)



GM Care Record
We are better together

Going somewhere?

The GM Care Record means that wherever you receive your care in Greater Manchester, your doctor, nurses and other health and care workers can access your health and care information securely to provide the best possible care for you.

Discover how your health and care information is shared through the GM Care Record:
gmwearbettertogether.co.uk
 #GMBetterTogether

GREATER MANCHESTER
DOING DIGITAL DIFFERENTLY

Supporting high-risk pregnancy

During the COVID-19 pandemic it has been vital to keep people out of hospital where possible to minimise the risk of virus transmission. For pregnant women, who are recognised as at higher risk from COVID-19, it is essential that, where possible, hospital attendances are avoided.

Avoiding face-to-face appointments posed significant challenges for antenatal services as many women receive vital care during these clinics, including blood pressure measurement and glucose monitoring. Both checks are important as they can pick up signs of serious complications, such as pre-eclampsia or diabetes.

Health Innovation Manchester worked with clinicians at Saint Mary's Hospital, part of Manchester University NHS Foundation Trust (MFT), to create the MyMaternity App.

The app allows pregnant women to record their blood pressure and glucose measurements at home, with information sent to their midwifery

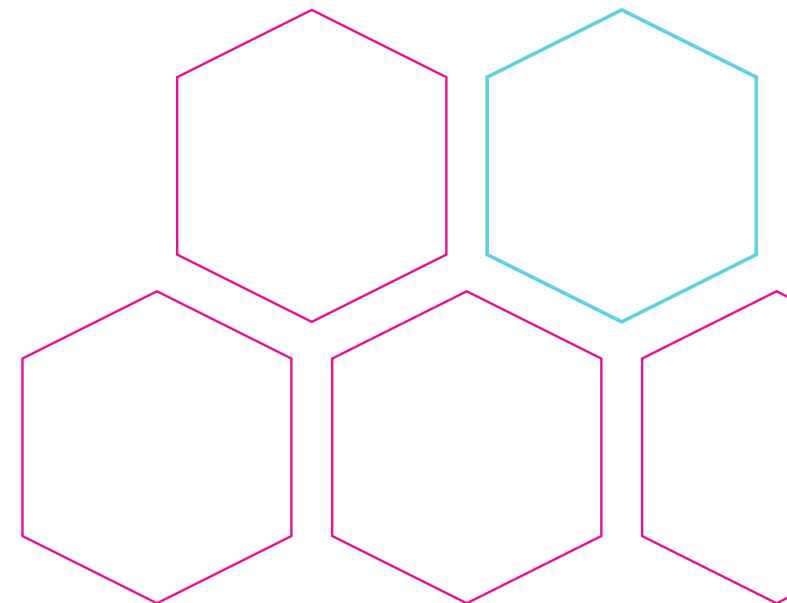
team in real-time. Midwives monitor the results and escalate for additional treatment if there is a need. The app also provides guidance and information for the users.

Now in use at 3 hospitals in Greater Manchester, the app has helped to support 1000 pregnancies.

The app has been developed by tech company Graphnet, which specialises in developing health and care IT solutions, and supported by Health Innovation Manchester's delivery team. It has also been developed in collaboration with users.

The functionality of the MyMaternity app is set to be integrated into the GM Care Record, which is also powered by Graphnet. The GM Care Record collates information held by different health and care organisations to ensure that GPs, doctors, nurses, midwives and practitioners can see up to date medical records, care plans, medications and test results. It now informs the right care and treatment for almost all 2.8m people across Greater Manchester.

Professor Jenny Myers, Consultant Obstetrician at Saint Mary's Hospital and Professor of Obstetrics and Maternal Medicine at The University of Manchester, said: "During COVID-19 it has been vital to keep our pregnant women safe and reduce hospital attendances where they can be avoided. By being able to monitor our pregnant women remotely, maintain regular contact with them and view their results easily in the new app we can continue their care and limit the number of people needing to attend hospital during the pandemic."





Rose's Story

Rose McGarty, has nephrotic syndrome, a kidney disease which can lead to extra complications such as high blood pressure. Her medical condition meant she was at risk of hypertension and pre-eclampsia during her pregnancy and so needed specialist care and monitoring at Saint Mary's Hospital.

Through the MyMaternity app, Rose was able to monitor her blood pressure at home and send the results directly to the team providing her care.

Rose, who gave birth to baby Arlo in July 2021, said: “ During the pandemic it was really helpful to have that additional link and contact to the team, especially as being pregnant and my other health conditions put me at high risk for COVID. Having the app available meant I could be monitored at home and I didn't need to worry about travelling to the hospital unless it was necessary.

“I always knew I could call the team if I needed to, but taking the blood pressure myself at home became part of my pregnancy routine and reassured me that I was doing the right thing for myself and my baby.”

[Find out more >](#)



Transforming primary care through digital innovation

During the COVID-19 pandemic, GP practices and primary care rapidly rolled out digital solutions and tech innovations to enable patients to continue to access care and to support online access.

GP practices adopted online triage, virtual appointments, including over video or telephone, online consultations, and the ability to make requests for sick notes or repeat prescriptions online.

As the effects of COVID-19 continue to be felt, primary care faces significant and increasing demands from patients, care providers and the health and care system. It is hoped that by optimising the use of these digital tools while continuing to provide

face-to-face appointments, GPs in Greater Manchester can improve the experience and access for patients as well as improve workflows and match capacity with demand.

Greater Manchester Health and Social Care Partnership and Health Innovation Manchester are coordinating a Greater Manchester-wide programme to continue to support primary care through digital.

The project is working to understand the use of digital in primary care currently, including best practice and challenges faced, both by health and care staff and by patients accessing care. This will then be used to inform a blueprint for using digital tools effectively and delivering changes and improvements at practices across GM.

DIGITAL FIRST PRIMARY CARE: IN NUMBERS

1 primary care survey with **80%** response rate

24 interviews with GM Stakeholders, experts and vendors

74 primary care clinicians engaged during **4** workshops



2 patient engagement panels

19 user experience interviews conducted



17 initiatives proposed during Understand and Reimagine

7 Workstreams





Public Engagement

As part of a patient/public engagement workstream within the project, we have worked with members of the public within Greater Manchester to understand their experience of using digital tools to access primary care during the pandemic.

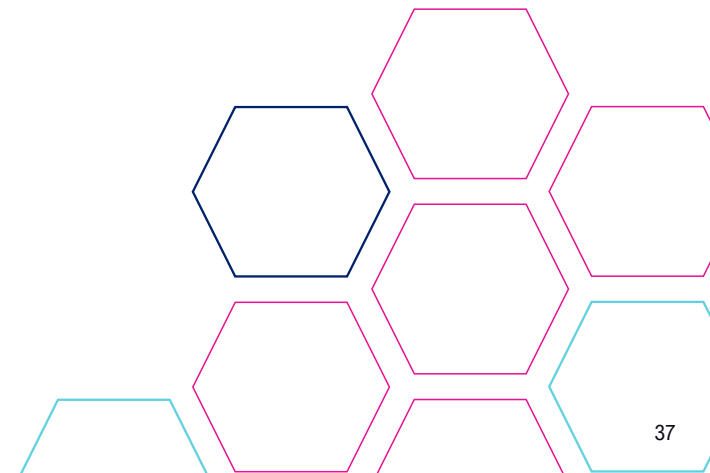
This has been done through a series of panel discussion groups and accessibility & user testing of the digital primary care tools.

Results from the public engagement and user testing highlighted some positive experiences as well as areas for improvement within digital access to primary care. This has included gaining lived experiences of online access to primary care.

While it is clear that digital tools can enhance patient experience by enabling flexibility, convenience and self-management, the rapid acceleration of online consultation platforms in

response to the COVID-19 pandemic has also led to challenges and negative experiences for some. Members of the public who took part in the panels and interviews highlighted that they are willing to adopt new behaviours and digital technologies if they see value and benefits, however they also have some concerns relating to inclusion, safety of the technology and communications from their GP practice.

These insights are being incorporated into the next stage of the Digital First Primary Care programme including development of a best practice blueprint and series of improvement projects across Greater Manchester. Further public/patient engagement will take place as the programme continues.



Transformation programmes:

Following the understand and reimagine phase of Digital First Primary Care, seven workstreams to improve digital primary care have been identified. These will be taken forward in GM in 2022-2023.

1. Local deployment of Digital Facilitators: To provide additional resource, capability and expertise to undertake transformation and adoption of best practices
2. Building a bank of resources to support digital primary care: A place and resource where digital facilitators can curate, store and share multichannel materials and knowledge to support best practice.
3. Improving access to services: Work at a GM level to recommend changes to GP practice web sites to improve access and increase access to direct primary care services and importantly self-care, self-referral, social prescribing.
4. Digital First Primary Care Hub proof of value: A centralised hub for high volume low complexity tasks processing, a call centre to support citizens who may struggle with online platforms.

5. Patient comms and engagement: A pan-GM campaign to build trust and understanding of how to use digital primary care tools.
6. Engaging the system providers (EPR and online consultation platforms). GM-level activity to engage EPR and platform providers in forums to work collaboratively to implement standardisation and UX improvements
7. Further tech development: Implementing initiatives that require technical system development to improve digital primary care.

[Read the Digital First Primary Care Blueprint >](#)



Examining the Impact of COVID-19 on Accident and Emergency Attendances

In Summer 2021 perceptions began to emerge of increased demand at Accident and Emergency departments in the city-region. The Utilisation Management Unit, part of Health Innovation Manchester, was commissioned to investigate this.

During the first wave of the COVID-19 pandemic in 2020, attendances at A&E departments in GM reduced by more than 40%. These reductions were a consequence of the lockdown, lower prevalence of minor illness and respiratory disease, fewer injuries, people avoiding A&E because of government campaigns or fear of catching COVID-19.

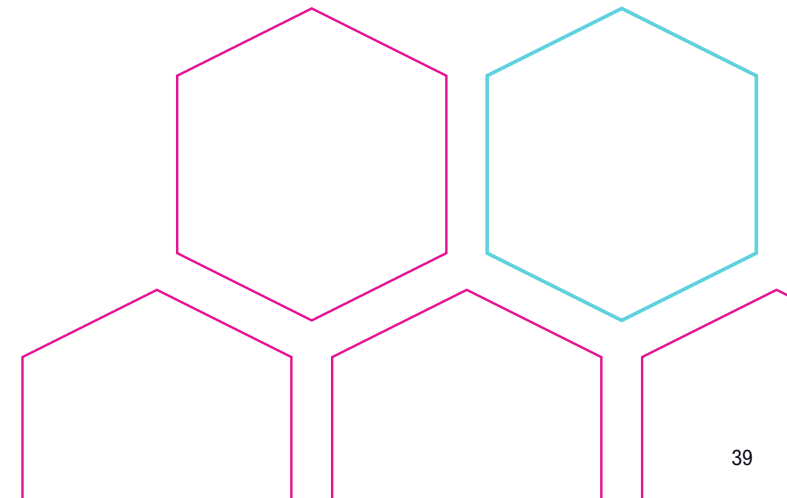
However, as lockdowns eased the number of people attending A&E began to rise, with concerns of “significant rising demand” as a result of the COVID-19 pandemic.

In May 2021, the Utilisation Management (UM) Unit was asked to quantify the extent of the rise in demand. Using data from 2017-2019 the UM team generated forecasts for A&E attendances in 2021 and discovered no evidence that attendances were exceeding forecast numbers, with the number of people “self-presenting at A&E) remaining below forecast.

The UM team were also asked support the delivery of the GM-wide A&E patient survey with the aim to understand the reasons why people choose to attend A&E. The survey covered ~40% of self-presenters across two days, with ~2000 responses and it provides a good sample to shed light on the reasons for people attending A&E.

The survey found that the reasons for attending A&E were ordinary, and the presenting conditions “typical of the season.”

The report, titled “Rise in demand and reasons for A&E attendances in Greater Manchester”, found that the number of people attending Accident and Emergency departments in Greater Manchester remained consistent with pre-pandemic levels after lockdowns eased in Summer 2021.



Dr Paula Bennett, Associate Director of Clinical Development/Utilisation Management Unit, said: “Understanding the impact of the COVID-19 pandemic on our accident and emergency services through data analysis is vital to help our local health and care system respond to demand and plan for the future.

“By examining the data pre-pandemic data and current attendances we’re able to show that the “rise in demand” in A&E attendances was actually numbers returning to normal levels after lower attendances during the early pandemic lockdowns. The patient survey also shows that the reasons for people attending at A&E remain the same as before COVID-19.

“We are proud to be collaborating with the Greater Manchester system with this work and supporting our partners.”

[Find out more >](#)





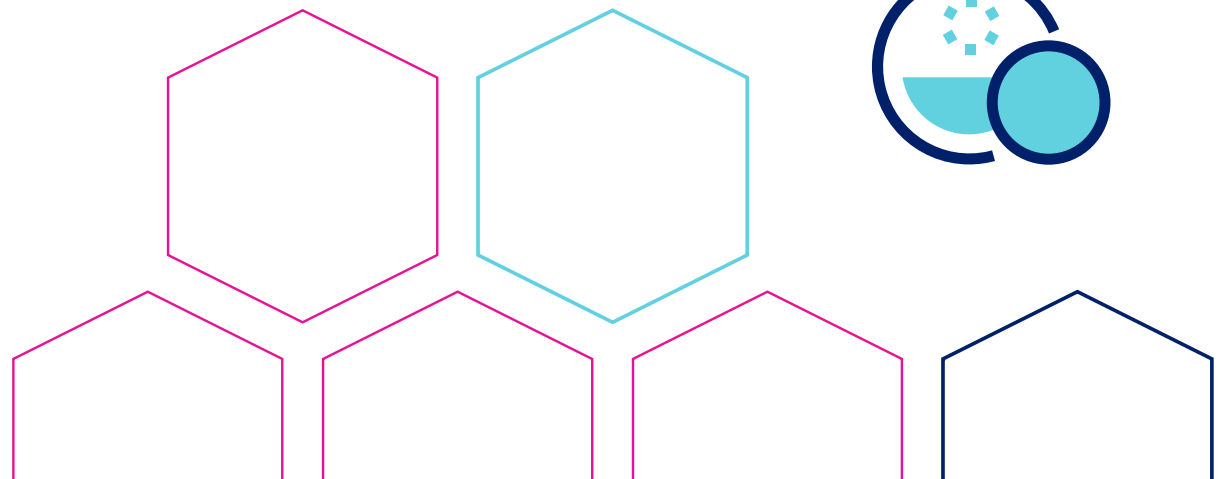
Conduct traditional trials and real-world studies

Greater Manchester has an excellent reputation within clinical trials and studies, with exceptional recruitment statistics and opportunities to harness data assets to deliver real world evidence studies.

Health Innovation Manchester has identified real world studies and clinical trials as an area with significant growth potential and we are developing our approach in this area, including forming partnerships with industry and our academic partners.

This would elevate our population health approach and enable health and care partners to evolve operating models based on real time patient data and insights.

Our first study, involving the testing of a breakthrough drug to lower cholesterol in a community setting, launched in 2021.



Partnering with industry on pioneering study to test novel cholesterol-lowering treatment in the community

People with high cholesterol are more likely to suffer a heart attack or stroke. A new cholesterol-lowering injection is being tested in Greater Manchester as part of a ground-breaking study.

Health Innovation Manchester has partnered with Novartis, NHS England and Improvement, NorthWest EHealth, and the NIHR ARC-GM on the study.

Titled “Study in primary care evaluating Inclisiran delivery implementation + enhanced support (VICTORION-SPIRIT)”, the study is testing the implementation in primary care of inclisiran, a new drug to reduce LDL (low-density lipoproteins) cholesterol.

Inclisiran, a first-in-class small interfering RNA therapy, received a licence from the European Commission in December 2020 following the results of a robust clinical development program. Inclisiran also gained NICE approval on 1 September 2021, recommending the drug for people with high cholesterol who have already had a previous cardiovascular event to reduce their LDL cholesterol, which is a key risk factor for them having another.

During 2021-2022 the study has recruited 900 patients across to take part in the implementation research study, working with GPs and using NorthWest EHealth’s innovative digital technologies. As part of the study, patients are given the drug as an initial dose, and follow-up doses at three and nine months. It is delivered via injection by GP practices, without needing to attend hospital.

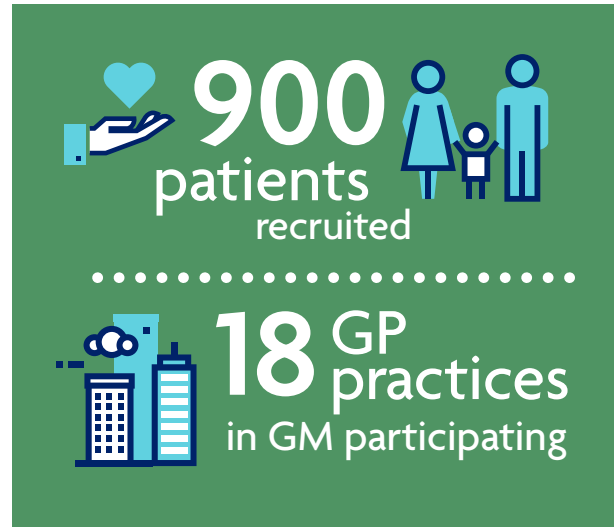
The information gathered will inform recommendations on integrated care delivery models in a primary care setting using inclisiran as part of a suite of NICE approved treatments and non-pharmacological interventions, to reduce LDL cholesterol. Results from the study are expected to be published in early 2023.

The study also forms part of the first NHS “population health agreement” between the NHS and Novartis to make inclisiran available to thousands of NHS patients and increase the treatment options available to patients to help control their cholesterol levels.

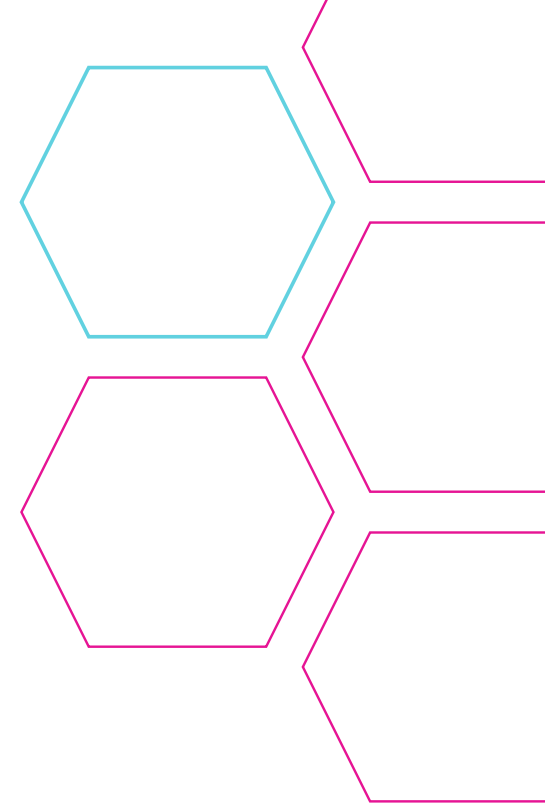


Chinmay Bhatt, Managing Director of Novartis UK, Ireland and Nordics and Country President UK, said: “This is an exciting opportunity for us to invest in and partner with Greater Manchester. Greater Manchester is in a prime position to collaborate, co-develop and accelerate innovative solutions to solve some of the city region’s more complex and chronic health needs.”

Matt Whitty, Chief Executive of the Accelerated Access Collaborative, said: “Not only is inclisiran a novel therapy, the population health approach to getting this to patients in both primary and secondary care will mean more patients can benefit. The insight we gain through this study will be invaluable in helping us understand how it can most effectively reach patients.”



[Find out more >](#)



Place-based transformation

As well as undertaking activity at a pan-GM level, we recognise the need to work more closely with specific localities.

We will work with a smaller number of localities on specific community-based projects to harness the power of digital technology to transform and regenerate local communities by addressing the many factors affecting health, wealth and wellbeing. This will be a partnership initiative as part of the broader Innovation GM programme to level up R&D investment across the North.

Rigour in measuring outcomes and total costs and benefits across service and institutional boundaries will inform future business models, and roll-out of successful methods across other GM communities and localities.



Cities Changing Diabetes

Greater Manchester's challenges and opportunities to improve care for type 2 diabetes have been explored as part of an international collaboration between cities supported by NIHR ARC-GM, Health Innovation Manchester, Novo Nordisk and University College London.

In 2019 Manchester was named the twenty-first global city to join Cities Changing Diabetes, in partnership with Health Innovation Manchester. Launched in 2014 by Novo Nordisk, University College London and the Steno Diabetes Center, Cities Changing Diabetes aims to support innovative new approaches to the prevention and management of type 2 diabetes in cities.

The programme supports communities to understand their unique set of diabetes challenges, identify areas and populations at greatest risk, and design targeted interventions that can put change in motion.

Key insights from Cities Changing Diabetes Manchester programme:

- Those aged under 40, particularly men of white ethnic origin and men and individuals living in the most deprived neighbourhoods are most likely to experience under-diagnosis of type 2 diabetes.
- GP practices within Greater Manchester whose diabetes populations are younger tend to perform less well than others in terms of delivery of care and the meeting of treatment targets for their diabetes patients.
- Those aged under 40 with type 2 diabetes feel that existing care and support is not tailored to their needs, with a sense that education courses to support self-management of their condition do not reflect their lifestyles and seem to be aimed more at older people living with the condition.
- Younger adults with type 2 diabetes should not be treated as a homogeneous group and there is a need to consider tailored support relevant to their different needs.
- Greater Manchester does have significant research strengths in relation to diabetes, including with

regards to the use of digital technologies to help manage health and the prevention of health complications associated with diabetes, but there is a lack of research focussed on understanding the needs of ethnic minority communities.

- Support for those from ethnic minorities to help reduce their risk of developing type 2 diabetes should be tailored to their needs and reflect their cultural and religious beliefs and taking in to account any linguistic needs, to help address any barriers they may face in managing their health or accessing services.
- Community influencers, including local faith leaders, should be engaged by local health and care services to help raise awareness amongst their peers of the risks of type 2 diabetes and how people can keep healthy.

It is hoped that the work undertaken during the Cities Changing Diabetes programme will further support the health and care system in Greater Manchester, as well as GM research partners, to collectively work to tackle type 2 diabetes and reduce its impact within the city region.

[Find out more >](#)



Looking Forward

Building on the success of collaboration, cohesion and focus across the GM system developed over recent years and particularly in response to COVID-19, HInM will continue to deliver a varied portfolio of innovation activities that are aligned to the major challenges faced by health and care partners, and deliver societal, economic and fiscal benefits.

Some priorities include:

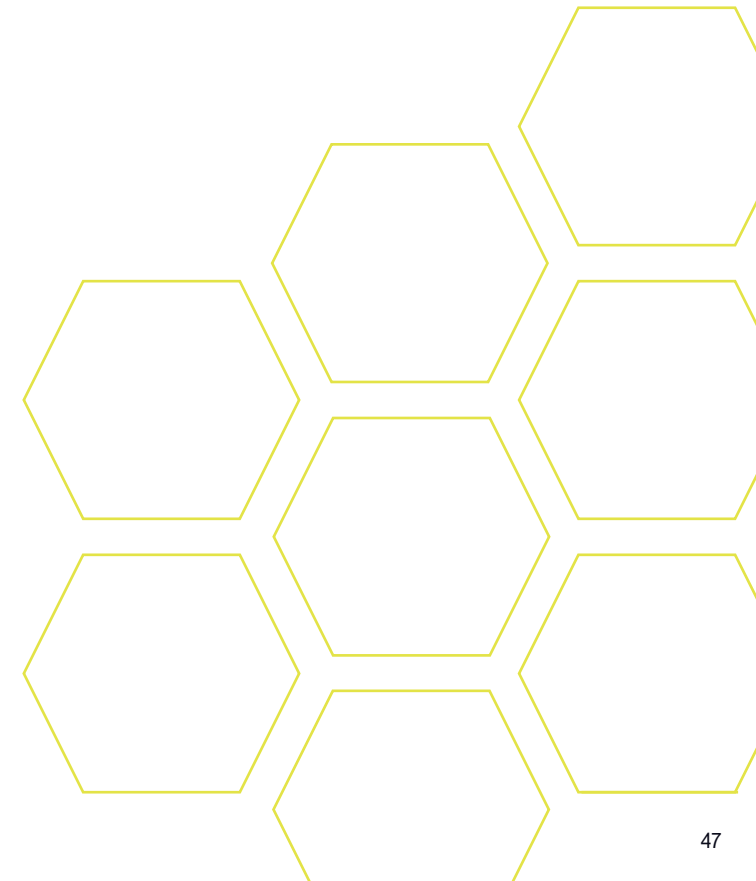
- **Enhancing the GM Care Record** through new data feeds, access points and improving its use to support clinical decision making within health and care.
- **Enabling research opportunities and clinical trials using data from the GM Care Record.** This will help to deepen understanding of our population and their needs using real time data, as well as support cohort identification for trials and real-world evidence generation. All of this will be underpinned by transparent governance and accountability back to GM data controllers.

- **Supporting the expansion of tech-enabled care solutions** across the system through the NHS at home programme, including virtual wards, oximetry at home and other clinical pathways.
- **Supporting optimisation of digital technologies within primary care.** Building on the work completed during 2021-22, the next stage will involve supporting GP practices to embed new approaches and improvements through an enhanced support package including digital facilitators and embedding user-centred design.

Our national AHSN commission will also see us take on new national programmes during 2022-23. These include:

- **Blood Pressure Optimisation Programme** – Supporting primary care to optimise care, self-management and detection of people with hypertension
- **Polypharmacy: Getting the Balance Right Programme** - Supporting local systems and primary care to identify patients at potential risk of harm and support better conversations about medicines by promoting shared decision making.

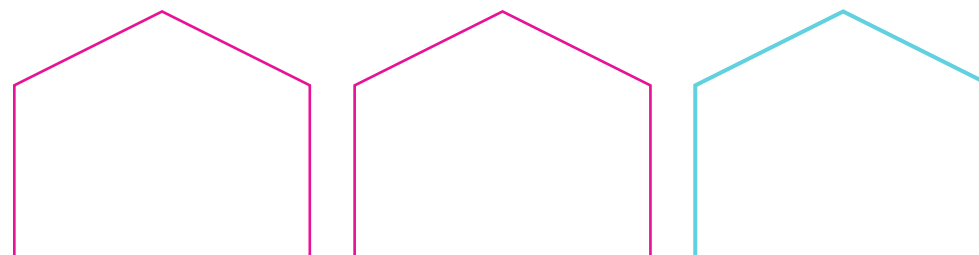
- **Transforming Wound Care** - Improving care for people with wounds through evidence-based best practice and improved digitisation.
- **New Rapid Uptake Products and MedTech Funding Mandate innovations** – yet to be announced



-1.03

Finance

| 2021-22 Results | 2021-22 £'000 | 2020-21 £'000 |
|---------------------------|------------------|------------------|
| Income | 17,243 | 13,351 |
| Expenditure | | |
| Health and Implementation | 3,629 | 3,838 |
| Informatics | 3,531 | 965 |
| Industry and Wealth | 1,925 | 1,931 |
| Utilisation Management | 1,105 | 867 |
| Research and Development | 3,007 | 2,534 |
| Research Domains | 827 | 774 |
| Programme Management | 3,206 | 2,432 |
| Total expenditure | 17,230 | 13,341 |
| Net surplus | 13 | 10 |





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