UCLPartners

Impact report
2020/21

Contents

Foreword

*A foreword by Rt Hon Prof Lord Ajay Kakkar,
Chair and Prof Mike Roberts, Managing Director*

This report showcases our work in 2020/21, a uniquely challenging year for all. England's health care service has been under immense pressure this year and in response, we have drawn on the clinical and academic expertise across our partnership to help the system meet the needs of patients rapidly and effectively.

Throughout the pandemic we have provided a broad range of support to our partners. Our unique role as an academic health science partnership allows us to harness expertise from across our six research and innovation designations, working with our NHS and university partners, to develop innovative responses to the pandemic that have influenced local, regional and national policy, with widespread implementation and impact. Our work has progressed in three key phases over the year, from supporting the immediate response to the COVID outbreak, to guiding the evaluation of and learning from service changes, and more recently focussing on recovery and service transformation.

In the early phase of the pandemic, we responded to the need for new knowledge to manage COVID-19 in the critical care setting. This need was raised by clinical colleagues and in response we worked across our Academic Health Science Network (AHSN), Applied Research Collaboration (ARC) and Academic Health Science Centre (AHSC) and with the Intensive Care Society to hold national and then international learning events. These provided clinical insights which we distributed to more than 5,000 intensive care specialists worldwide. At the same time, we began planning an innovative primary care intervention to risk stratify and manage those with long-term conditions, to reduce future pressures on the system. The **Proactive Care Frameworks** are the foundation of a new national programme called NHS Proactive Care @Home with accelerated roll out funded by NHSE/I in four Integrated Care Systems.

> " We have developed **innovative responses to the pandemic** that have influenced local, regional and national policy. "

In the immediate aftermath of the first wave of the pandemic, we worked with the NHS England London regional team, leading a group of clinicians and academics to develop commissioning guidance for Long COVID. This guidance has since been used as the basis for national commissioning guidance.

We also established the London Evaluation Cell in collaboration with the ARC North Thames. All three London AHSNs and ARCs now meet regularly with the NHS England and Improvement London team to prioritise research and evaluation projects. Key elements of this work are evaluating the service changes that occurred during the pandemic including widespread use of remote consultations, use of remote blood pressure monitoring and novel end of life support services.

Building on this successful collaboration we are now leading the development of a learning health system around the Emergency Department 111 model and new diagnostic hub development. This work is only possible because UCLPartners brings together a unique set of designations that provide a resource that, when working collaboratively, adds much more value to the system than when working in isolation.

> " Our unique set of designations provide a resource that, when working collaboratively, adds **much more value** to the system than when working in isolation."

About us

About UCLPartners

3 pillars to our strategy

Research

Innovation

Education

Population of more than **6 million people**

We improve health across London, Beds, Essex and Herts. Our work also has an impact across the UK and globally

4 Values

Developed in partnership	Delivered at pace	Patient centred	Population focused

Formed in **2009**

8 University members

20 NHS trust members

Unique in bringing together **6 research and innovation designations,** commissioned by government and national bodies

UCLPartners Academic Health Science Centre (AHSC)	UCLPartners Academic Health Science Network (AHSN)	NIHR Applied Research Collaboration (ARC) North Thames
Clinical Research Network (CRN) North Thames	NHS North Thames Genomic Medicine Service (GMS) Alliance	DATA-CAN: The Health Data Research Hub for Cancer

Our key skills and expertise

Creating and leveraging networks

We create, convene and leverage clinical, academic, patient and industry networks. Our strong and collaborative partnership, bringing together multiple research and innovation functions, enables us to mobilise world-leading expertise and relevant experience to respond rapidly to local, national and global health challenges.

Implementing sustainable change

Our team of improvement experts and educators help equip the health and care workforce with the capability and tools they need to change systems and behaviours to improve patient access, experience and outcomes. We support the development of learning health systems to enable partners to learn and act fast to implement evidence-based changes for the benefit of patients.

Addressing needs through innovation

We draw on clinical academic insights and real-world evidence to identify solutions to complex problems. By supporting innovators and signposting the most promising innovations and research, we help our partners and the wider health and care system to co-create, test and implement solutions that improve health and care.

Embedding research and evaluation

We support our NHS partners to become research-active, widening research participation and embedding research and pragmatic evaluation to improve health and care. Our team's ability to draw on research and evaluation expertise from a wide range of disciplines and academic partners enables us to respond quickly and flexibly to requests for support.

UCLPartners

Our year in numbers

More than 4,000 patients supported with the COVID Oximetry @ home service
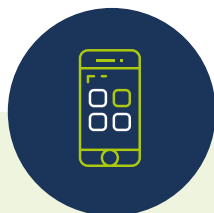
10 hospitals across 5 NHS trusts are supporting patients using the Living with COVID Recovery app

More than 5,000 intensive care contacts worldwide received our learning system reports

29 trusts across London supported to embed virtual consultations

More than 1,500 multiple sclerosis patients have benefitted from Cladribine tablets in the UK

350 care homes in the UCLPartners region implemented the Whzan Blue Box, proven to reduce hospital bed days and A&E attendance

100% of acute trusts in the UCLPartners region set up COVID virtual ward pathways to support early and safe discharge from hospital for COVID-19 patients

4 Integrated Care Systems in England participating in accelerated roll out of our Proactive Care Frameworks

Immediate COVID-19 response

As the COVID-19 pandemic took hold across England, the focus of our work rapidly shifted to respond to the changing needs of our partners.

Sharing real-world insights on COVID-19 in intensive care

Drawing together expertise and resources across our partnership and beyond, we rapidly gathered, synthesised, and shared emerging insights on COVID-19 management in intensive care units (ICUs).

We worked in partnership with the Intensive Care Society, National Emergency and Critical Care Network, NIHR ARC North Thames, the Rapid Research, Evaluation and Appraisal Lab based at UCL and the AHSN Network.

The impact of our work was:

- More than 5,000 intensive care contacts provided with the latest emerging insights on COVID-19 management in ICU, thanks to our gathering and dissemination of learning from national and international webinars. The findings were also shared with more than 250 COVID-19 leads and members of the UK Scientific Advisory Group for Emergencies (SAGE) committee

- Intensive care teams across the country given access to a new online learning collaborative, enabling multi-disciplinary, multi-specialty learning across units.

- Sharing of our learning about **clinical academic leadership and learning systems during COVID-19 published in the academic literature.**

> You and your team have been just AWESOME and have made a real difference to outcomes. I suspect your work has saved FAR more lives by engaging, than I will in a career.

Prof Hugh Montgomery, UCL Professor of Intensive Care Medicine

5,000+ *Learning system reports shared with **more than 5,000** intensive care contacts worldwide*

Developing learning health systems

Learning health systems take an agile approach to gathering and sharing insights that can inform decisions and actions to improve care.

The learning health systems we have set up are having impact across our local region:

- **Bedside Learning Coordinator (BLC) role** - We designed and implemented this role to support a wider learning health system at the Nightingale Hospital in London. The role enabled capture of staff insights into what was and was not working, and these were rapidly fed back to the leadership teams to respond to as appropriate. This enabled staff to make agile changes to practice for the benefit of staff, patients and their families. Following this we launched a BLC community of practice, with 25 individuals from across the NHS, providing a space to share learning, collaborate over challenges and convene as a peer support group.

- We awarded an **Innovation Adoption Fund** grant to Mid and South Essex Foundation Trust to support the spread and adoption of the BLC role, helping to improve safety and care and create an engagement culture that will continue to empower teams and individuals.

- **Increasing uptake of the COVID-19 vaccine in London** - Drawing on expertise from our ARC and AHSN, we designed an agile learning framework alongside a more formal evaluation to ensure boroughs, ICSs and the regional team had access to insights on what was and wasn't working with regards to increasing uptake of the COVID-19 vaccine in London.

- **Learning health system framework** - Our learning health system framework has been used and deployed for regional and ICS specific programmes, including the implementation of 111 First across London, oximetry pathways in North East London and elective recovery in North Central London.
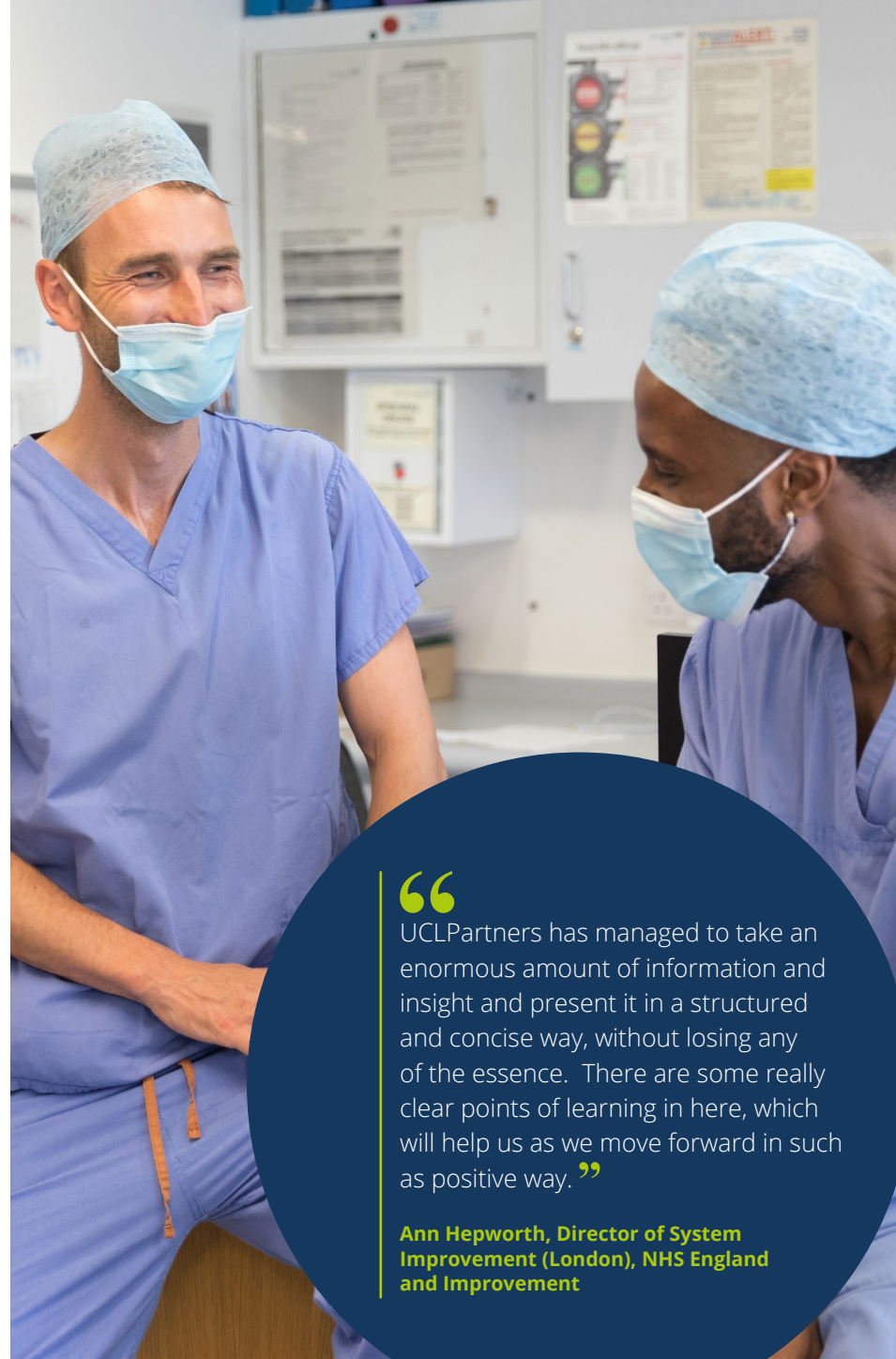
> " UCLPartners has managed to take an enormous amount of information and insight and present it in a structured and concise way, without losing any of the essence. There are some really clear points of learning in here, which will help us as we move forward in such as positive way. "
>
> **Ann Hepworth, Director of System Improvement (London), NHS England and Improvement**

Embedding virtual consultations

Working alongside the other two London AHSNs, we supported trusts across the region to quickly embed virtual consultations to safeguard patients and staff.

We created mechanisms for system learning and solution sharing, helping trusts to quickly embed virtual consultation technology procured by NHSE/I – Attend Anywhere.

We engaged with 29 trusts across London. By summer of 2020 all sites in North Central and North East London had remote consultation deployed.

29 *trusts across London engaged with to embed virtual consultations*

"
The AHSN team was key to facilitating collaboration that allowed us to become a part of influential brainstorming sessions...

...As a result, I had the opportunity to think bigger, to influence across a system and create better things to help our patients access the best care."

Claire Kennedy, Project Manager, Service Transformation, Royal Free London NHS Foundation Trust

Informing cancer recovery through real-time data

DATA-CAN: The Health Data Research Hub for Cancer, hosted at UCLPartners, was at the forefront of the data research response to the COVID-19 emergency. During the lockdown in Spring 2020, DATA-CAN and the UCL Institute for Health Informatics collected and analysed 'real-time' data from UK cancer centres, covering more than 3.5 million people. These data revealed that the COVID-19 pandemic had had a significant impact on cancer care.

Nationally, this work had significant impact. Results were shared with the four chief medical officers in the UK and England's National Cancer Director. These data contributed to the restoration of cancer services.

Internationally, DATA-CAN presented this work to influential bodies including WHO Europe and the European Beating Cancer Committee. The European Cancer Organisation invited DATA-CAN's scientific director, Prof Mark Lawler, to co-lead a Special Network on COVID-19 and Cancer, which produced a widely read report influencing Europe's response to COVID-19's impact on cancer.

DATA-CAN's work on COVID-19 and cancer won a prestigious **Royal College of Physicians Excellence in Patient Care Award.**

DATA-CAN
The Health Data Research Hub for Cancer

" This research demonstrates the value to cancer patients, the wider public and decision-makers when trusted professionals use our patient data to help decide the best course of action. It also highlights the urgent need to be able to analyse these data quickly and accurately to inform and influence current events. "

Pete Wheatstone, Chair of DATA-CAN's Patient and Public and Patient Involvement and Engagement group

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Highlights from our Academic Health Science Centre

Our Academic Health Science Centre (AHSC) – redesignated for a further five years in April 2020 – connects eight world-class universities and NHS trusts.

Our AHSC members collectively made major contributions to the national and international efforts to combat COVID-19 in 2020/21, including:

- **Providing critical information on the transmission of COVID-19** by sequencing SARS-CoV-2 from up to 50,000 samples per week. The data generated provided critical information on transmission clusters occurring in the workplace, pubs, clubs and schools. Through sequence surveillance it also identified potential variants of concern. The work influenced UK policy in terms of lockdown restrictions and accelerated vaccinations. The results are estimated to have saved thousands of lives.

- **Providing rapid viral sequencing information to infection, prevention and control teams** in hospitals to test whether this would allow them to implement control measures more accurately and faster to reduce spread. This work was conducted across 14 hospitals across the UK served by 11 sequencing hubs

" By aligning objectives and resources across organisations, our Academic Health Science Centre (AHSC) accelerates the translation of discoveries in areas of unmet need. "

Professor David Lomas

Evaluation, learning and insights

Throughout the pandemic there have been significant and rapid changes made to the way care is delivered.

Rapid research and evaluation

The unprecedented level and pace of change in health and care services during COVID-19 triggered an urgent need to understand whether these major changes were indeed positive changes, or potentially harmful. However, in most cases funding and resourcing for service evaluation had not been factored into the planning.

We worked with the London School of Hygiene & Tropical Medicine to explore the barriers and facilitators to performing timely, rigorous and effective service evaluations. Using learning from the pandemic, we set out recommendations for national and local leaders for how to prioritise and resource rapid service evaluations to enable more efficient and effective scale-up of health and care innovations. These recommendations were published in an **AHSN Network white paper**, explored at a roundtable of national NHS, academic and third sector leaders and shared at several national conferences.

UCLPartners also has taken a leading role in the London Evaluation Cell, convened by NHS London region, which brings together all three London AHSNs with the three London ARCs to meet the evaluation needs of the region. Working nationally, we worked closely with NHSE/I's Beneficial Changes Network to collectively identify beneficial innovations across the NHS that have been implemented during the COVID-19 pandemic and should be retained.

The AHSN Network

Lessons learned from COVID-19 around rapid research and evaluation

> UCLPartners has been instrumental in bringing together clinicians and academics across London to collaborate, learn and share knowledge in new ways during the pandemic. The London Evaluation Cell enables clinical and academic health leaders to collectively identify and set evaluation priorities, with the aim of rapidly translating knowledge into service provision across the capital.
>
> **Vin Diwakar, Regional Medical Director & CCIO, NHS England & Improvement London Region**

![UCLPartners logo]

Cladribine use for adults with multiple sclerosis

Our AHSN has been leading the nationwide roll out of Cladribine – a multiple sclerosis (MS) treatment proven effective in clinical trials conducted by UCLPartners AHSC.

There was a short pause in the roll out of Cladribine in March 2020 whilst investigations into the safe use of MS disease-modifying treatments (DMTs) like Cladribine during the pandemic were underway. Thanks to the work of UCLPartners, Merck, and other organisations, evidence was gathered that demonstrated the safety of Cladribine tablets both in terms of their impact on susceptibility to COVID-19 and outcomes of those infected with the disease.

In February 2021, UCLPartners provided expert advice resulting in NHS England altering prescribing requirements for neurologists during COVID-19, removing the need for patients with active MS to have an MRI scan before switching from an existing disease-modifying treatment on to Cladribine. This intervention made the drug more accessible to patients that could benefit from it.

Over **1,500** MS patients have benefitted from Cladribine tablets in the UK

Digital solutions, medicines safety and care planning for care homes

The COVID-19 pandemic hit care homes particularly hard. We provided guidance so that primary care and community health services could support care homes to regularly review residents identified as a clinical priority, safely administer medicines, prevent dehydration (which can be a major cause of admittance to hospital) and develop personalised care and support plans.

Our work included enabling digital ward rounds using tools such as Whzan and Feebris, supporting the safe administration of medicines from original packs rather than through a Medicines Dosage System and helping care home staff to develop personalised care and support plans using **Coordinate My Care**.

350
care homes in the UCLPartners region implemented the Whzan Blue Box

Recovery and system transformation

The NHS responded rapidly to the unprecedented demands made by the COVID-19 pandemic. However, in creating capacity some health and care services were reduced or stopped.

We have co-created, tested and implemented new ways of meeting the needs of our diverse communities, without placing increased demand on staff and resources.

Innovative products and technologies

Over the course of the pandemic, we have worked closely with our partners to understand their most pressing needs, and supported innovators with products and technologies that offer potential solutions to develop and spread their innovations across the NHS. Our work has had impact locally and nationally.

Examples of our work include:

Technology to address the backlog of gastrointestinal endoscopy (GIE) referrals

During the COVID-19 pandemic the British Society of Gastroenterology recommended that all non-emergency/non-essential endoscopy was ceased, leading to around 4,500 procedures for every trust to review and prioritise to minimise risk to patients. We worked with software developers Cievert and the Academic Health Science Network for North East and North Cumbria to develop an innovative pathway management system for GIE in West Hertfordshire Hospitals NHS Trust.

More than 16,000 patients at West Hertfordshire Hospitals and **up to 3,000,000** GIE patients nationally to benefit from innovative electronic pathway management system

"Utilising Cievert's programme Casper, we have built a system that can request an endoscopy electronically and also allows immediate access to guidelines and instructions for referrers."

Dr Landy and Dr Shariff, Consultant Gastroenterologists at West Hertfordshire Hospitals NHS Trust
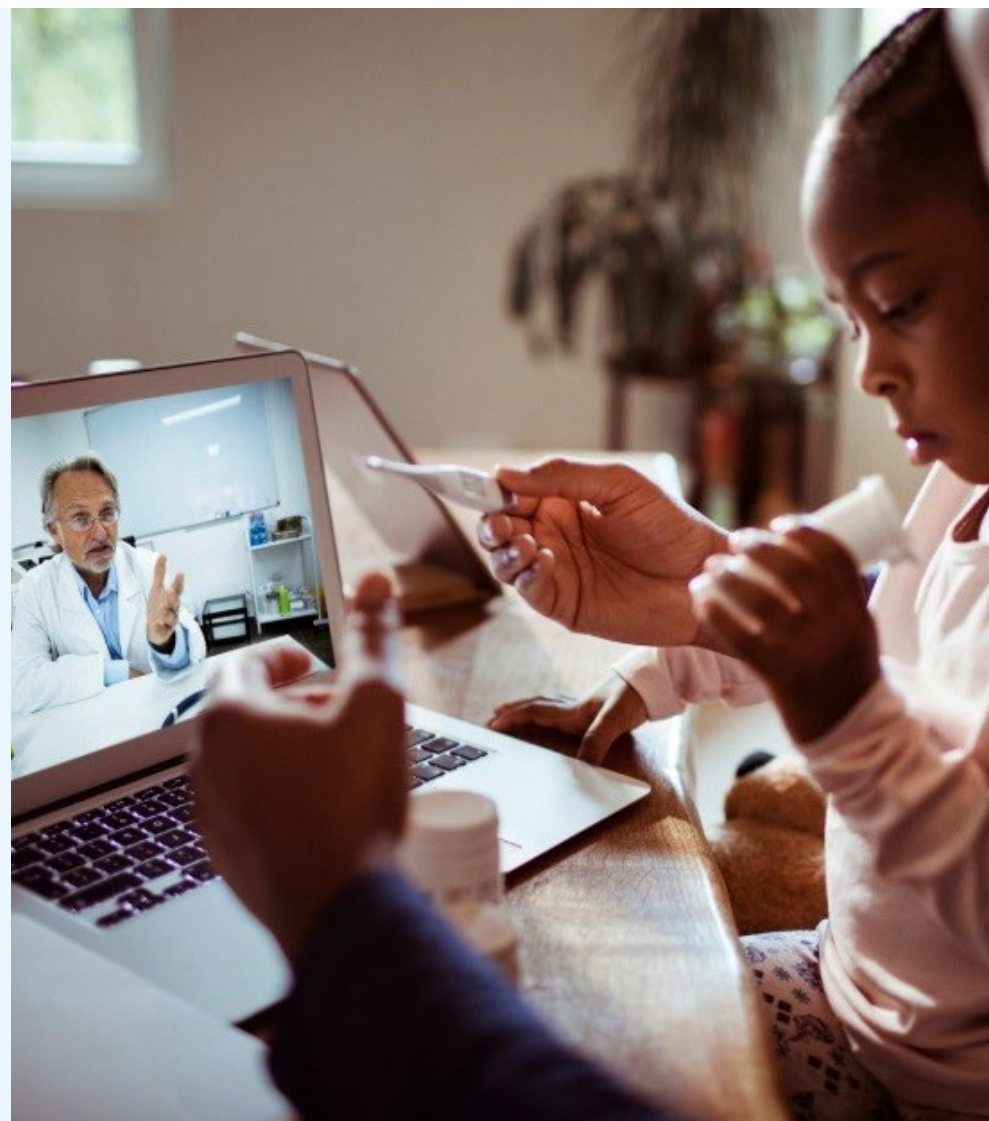
Accelerating innovation across the NHS

The **NHS Innovation Accelerator (NIA)** is an NHS England and NHS Improvement initiative, delivered in partnership with England's 15 Academic Health Science Networks (AHSNs) and hosted at UCLPartners. In 2020/21, the NIA supported 33 individuals ('Fellows') to scale 35 promising innovations across England for greater NHS patient and staff benefit. True to their entrepreneurial selves, NIA innovators used their knowledge and expertise to help the NHS during the pandemic. Several Fellows offered their products for free, some developed new technologies which eased the burden on NHS staff, and others pivoted completely to address the changing needs of the system.

For example,

- **Locum's Nest**, an app that connects doctors to locum work in hospitals, developed a new function that allowed hospitals to share COVID-19 guidance and PPE updates with locum staff.

- **QbTest**, a tool used to speed up the diagnosis of attention deficit hyperactive disorder (ADHD), developed a novel at-home version that can be carried out by parents or carers.

For details about how NIA innovations address the current pressing needs of the NHS, visit the **COVID-19 response site**.

The AHSN Network — **NHS England**
NHS Innovation Accelerator

323 new NHS sites using NIA innovations

22 award wins

Creating guidance on care for Long COVID

Across London it was recognised that there was a need to develop rehabilitation services for people with Long COVID. To ensure the most useful services were developed, we synthesised recommendations from national bodies and professional societies in to four themes, which informed a discussion with people who had had COVID-19 and carers, so they could tell us about their specific needs.

We gathered insights from 200 people about their experiences. These directly informed **guidance for the commissioning of clinics for recovery and rehabilitation** published by NHS England and Improvement.

200 patients
provided insights that informed regional guidance on rehabilitation services

" Being listened to with compassion can really make all the difference and we are absolutely delighted that the team's recommendations have been taken on board by the London Clinical Advisory Group. This is a really positive development which we hope will allow Long COVID sufferers to get the support they so desperately need. "

A representative for LongCOVIDSOS

An app to aid recovery from Long COVID

Working across our academic health science partnership, we came together to develop an app to help people recover from Long COVID – Living with COVID Recovery. The app targets patients who have been discharged but are continuing to recover and rehabilitate at home. It was developed by NHS trusts and universities in our AHSC and NIHR ARC North Thames in collaboration with NIHR ARC Wessex, University of Southampton, University of Exeter and health-tech start-up Living With. Patients have been involved throughout, to ensure that the app provides the support they need. Care City supported the adoption of the programme at Barts Health NHS Trust, leading to an NIHR funding award to help its spread across regions.

"

Five months after having Covid, I was still feeling very breathless and easily tired – even walks could frustratingly leave me coughing and wheezing. I have found the Living With Covid Recovery tool very helpful in tracking my progress and building up my activity levels.

One of the most important aspects for me is the connection to support and advice from my own physiotherapist through the app, which has helped reassure me and feel that I'm not alone.**"**

Sophie, a Long COVID patient

£780,000 awarded to Living with COVID Recovery by NIHR to continue its expansion

Living with COVID Recovery is helping patients in more than **10 hospitals** across **5 NHS trusts**

Improving access to mental health care

Plans to improve access to mental health care are often undermined by the limited availability of mental health workers. The pandemic and impact of lockdown has exacerbated existing mental health needs.

Prior to the pandemic, we had initiated work in partnership with Care City, UCL, the National Collaborating Centre for Mental Health (NCCMH) and local mental health trusts to develop an evidence-based competency framework and training curriculum for peer support workers. Our aim was to improve the implementation of this role across the mental health system. Peer support workers have lived experience of mental health services, and have received training to provide interventions and support to others with mental health problems. This evidence-based competency framework was the first of its kind, based in research.

In September 2020, Health Education England adopted the evidence-based competency framework as part of their **New Roles in Mental Health programme**.

During public consultation for national adoption of the competency framework, we codesigned **the curriculum** which is closely mapped to the framework, and sets out the content of training for peer support workers. This resource is freely available to those required to develop new training based on the national framework.

Transforming delivery of long-term condition care

COVID-19 dramatically disrupted pathways of care for people living with long-term conditions. To help address this, we worked with clinicians, academics and patients to develop a series of proactive care frameworks (for hypertension, atrial fibrillation, lipids, type 2 diabetes, COPD, asthma) to support primary care teams to transform the way they deliver long-term condition care. The frameworks take a population health approach with stratification for clinical prioritisation, treatment optimisation and use of wider workforce to support patient education, self-management and behaviour change.

The **Proactive Care Frameworks** are the foundation of a new national programme called NHS Proactive Care @ Home with accelerated roll out funded by NHSE/I in four Integrated Care Systems, including North East and North Central London (covering 475 GP practices and 2.8 million people).

4 Integrated Care Systems (ICS) in England participating in accelerated roll out of the Proactive Care Frameworks

> The CVD LTC and Stratification Tools are wonderful…super easy to upload and already in a few days making a difference to patient care and staff resilience in my PCN. Picked up some quick wins and new determination to get things right.

Dr Hannah Morgan, GP/Clinical Director, Hayling Island and Emsworth PCN

Remote monitoring for COVID-19 patients

To help reduce pressure on NHS services during the height of the pandemic, it was important to put measures in place to avoid admitting patients to hospital where safe to do so, and provide early supported discharge from hospitals, to help keep emergency care available for those that needed it the most.

Through our Patient Safety Collaborative, we supported the use of pulse oximeters in our local health and care system, by working with our local providers to roll out two new care pathways that enabled COVID patients to safely monitor their condition from home. We supported the spread of these new models of care by facilitating conversations, curating, and sharing best practice and resources, aligning pathways across systems, and contributing to strategic plans to ensure long-term sustainability. We shared plans and resources locally and nationally.
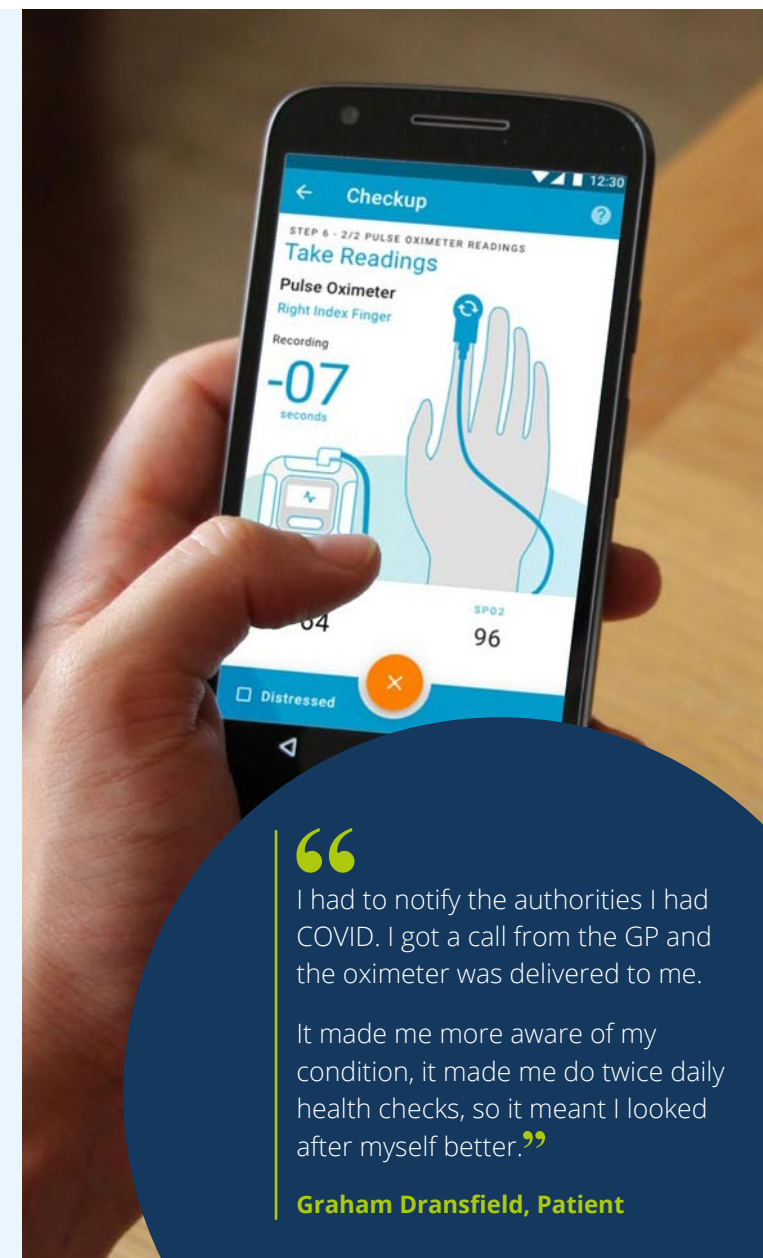
Graham Dransfield
Patient

100% of CCGs and acute trusts in the UCLPartners region provided Covid Oximetry @Home and COVID virtual ward services, respectively.

More than 4,000 patients were supported across the COVID Oximetry @ home service

More than 550 patients supported on the COVID Virtual Ward.

> 66
> I had to notify the authorities I had COVID. I got a call from the GP and the oximeter was delivered to me.
>
> It made me more aware of my condition, it made me do twice daily health checks, so it meant I looked after myself better. 99
>
> **Graham Dransfield, Patient**

Genomic Medicine Service Alliance

We have launched and are hosting a new Genomic Medicine Service Alliance (GMS Alliance), one of **seven alliances** announced by NHS England in January 2021. By embedding genomics into the mainstream health service, the North Thames GMS Alliance aims to deliver improvements for patients including better, quicker diagnosis of rare conditions, personalising treatment and care for those with inherited conditions and cancer, and building a better understanding of the underlying cause of many conditions.

The setup of the GMS Alliance is a significant achievement, laying the foundations for us to mainstream the use of genomic medicine across our region and beyond.

UCLPartners

NHS
North Thames
NHS Genomic Medicine Service Alliance

> "
>
> Genomic medicine is bringing the promise of personalised medicine to life.
>
> Our aim is to build trust in genomics and support the multi-professional workforce to use genomics safely, effectively and efficiently. "
>
> **Dr Francesca Faravelli, Clinical Director, North Thames GMS Alliance**

CREDIT: ELAINE PERKS

Equality, diversity and inclusion

In 2020 we signed up to the AHSN Network's diversity pledges:

- To implement a recognised process to self-assess and improve equality performance in our organisations.

- To empower and support our staff to be positive role models for equality and diversity.

- To understand the impact of our work on all members of our communities and for our work to reflect the equality and diversity within these communities.

We are incorporating these important principles and those presented in the London Workforce Race Strategy into all our work. As part of this, we are monitoring the diversity profile of our staff and implementing actions to help us move closer to representing our population over time, at all levels of the organisation.

Specific actions we have taken include:

- Setting up a process for **peer reviewing job descriptions**

- Creating a new competency framework with a focus on knowledge and principles of equality, diversity and inclusion and an onus on tackling health inequalities

- Developing a process to help ensure that our work programmes help address wider health inequalities

- Creating an activity pack on a group exercise to understand privilege, developed as a result of our own in-house 'privilege walk' exercise

- Signing up to the HDR UK Black Interns Programme to provide internship opportunities within DATA-CAN

- Unconscious bias and diversity training for all staff

Whilst we are committed to embedding equality, diversity and inclusion in every aspect of our work, we also acknowledge that there are still many barriers, and much work to do. We strive to address gaps and prejudices across our organisation, and to continuously listen and learn from our staff and communities.

> " Change will only come if we all engage actively in delivering that common vision of what constitutes equality, diversity, and inclusion. I believe that each and every one of us has something to give and much to learn. "
>
> **Prof Mike Roberts, UCLPartners Managing Director**

The future

2021 brings with it substantial leadership changes for UCLPartners, with the departure of Rt Hon Prof Lord Ajay Kakkar as our Chair and Prof Mike Roberts as our Managing Director.

Both have made a huge contribution to the partnership over many years, laying solid foundations for collaboration in the translation of research and innovation into patient benefit. We are delighted that Richard Murley takes up the role of Chair from May 2021 and Prof Steve Thornton steps in as Interim Managing Director ahead of a process for recruitment of the substantive Managing Director role in the latter half of 2021.

We are proud of our achievements over the past year in supporting partners through unprecedented challenges and influencing policy and practice nationally and globally. While the roll out of the vaccine programme brings hope, the impact the pandemic has had on population health and the delivery of healthcare cannot be underestimated. It has been widely reported that wait times for surgery are soaring, pressure on already overstretched GPs is mounting and existing inequalities in healthcare access and outcomes are worsening.

We will work collectively over the coming year, across our unique set of research and innovation designations, to provide solutions to the most pressing needs of our partners and the population they serve. Our aim is to help our partners to implement sustainable change that will enable the ongoing delivery of world-class patient care and improvements to population health.

> " I am looking forward to working with the UCLPartners team to address these challenges head on, helping our partners to continue to deliver world-class care for our local population."
>
> **Richard Murley, Chair**

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For further information about
our work visit **www.uclpartners.com**

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