



West Midlands Academic Health Science Network Inaugural Theme Directors and Clinical Priorities Meeting

2:30-4:30pm
Thursday 27th March 2014

4 Greenfield Crescent, Edgbaston, Birmingham, B15 3BE

MINUTES

Chair: Tony Davis (TD)

Apologies: Tim Jones (TJ), Peter Winstanley (PW), Christopher Parker (CP), Neil Mortimer (NM) and Ruth Chambers (RC).

In Attendance: Andrew Rose (AR), Lucy Chatwin (LC), Rhian Hughes (RH), Richard Lilford (RL), Jamie Coleman (JC), Theo Arvanitis (TA), Jeremy Kirk (JK) and Peter Lewis (PL)

Note Taker: Blair Davis (BD)

Welcome and Apologies

TD welcomed attendees. Apologies were received from those listed. TD encouraged attendees to go around the table and introduce themselves.

1. Programmes

Agenda item 1.1 Updates on Programmes funded/not funded

TD introduced himself as the Theme Director for Industry and Wealth creation. He informed the group that 4 programmes were initially proposed. The first of which was an Industry Portal to help Industry understand themes and priorities. This was contracted with Medilink WM (Proof of concept). The other programmes were the creation of innovation fund which is primarily for SME's; an online version of the industry portal; and working with education theme-communication and training piece.

Improving health and creating wealth

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JC introduced himself as Lead on Drug Safety and Medicines Optimisation. JC went on to describe the different programmes that were underway, these being: Script medicines management; Adverse Drug Reaction Champions; Transfer of Medicines; Formulary Management and Leadership.

RH introduced herself as Lead for Integrated Care and also went on to explain to the group about her programmes of work which were: StarT Back – Stratified Care for Back Pain; Flo Tele Health; and Integrated care network development. RH also went on to inform the group that they were in the process of recruiting project managers to help with this.

RH then went on to describe the programmes involved in Long Term Conditions, as she was also attending on behalf of RC who is the Lead for this. The programmes of work RH went on to describe were: Getting to hospital in a single stroke; Clinical management COPD; Patient Update; Asthma Care BLF; and LTC between Social Care and GP's.

JK then went on to describe his programmes for Clinical Trials which are interlinked with Digital and Industry and Wealth creation: Industry Portal /Recruitment; Education / Training in research & CT; and Data quality initiative in Primary Care.

Following on from this TA went on to explain how Clinical Trials and Digital were linked, as well as describing the other programmes of work that are part of Digital Technology: CURE; WM Informatics Network; eRxI; Hope Program; My Health; NHS Local; and Patient Feedback App.

RL explained that for Innovation and Adoption they were building on existing projects for their programmes. These are: Three professional and patients forums looking at topics such as unexplained deaths and NICE compliance and uptake one proof of concept; Innovation and Adoption Unit; and Procurement of innovation.

Action: LC to action meeting with AHSN and CLAHRC to discuss the opportunities around the diffusion fellows approach.

Finally PL went on to inform the group of the Mental Health programmes of work that were underway. Mental Health Rapid, Assessment, Interface and Discharge; The Youth pathway; and Medically unexplained symptoms.

After much discussion as to the opportunities there would be in collaboration between the Themes/Priorities it was decided that all of the Leads should be provided with more information on each other's programmes.

Action: TD to provide Leads with information on all other Themes/Priorities.

TD updated on programmes that haven't been funded for this financial year and also went on to discuss more about the Education theme and it's programmes: MOOC for clinical priorities; Joint development tools clinical priorities; CCT Fellowships; and Digital learning for clinical priorities.

TD then went on to discuss the fact that Theme Directors in Innovation and Adoption and Integrated Care needed to be recruited, but these adverts would go out as being more specific to each role rather than a general Theme Director position. For Clinical Trials and Education TD explained that it may be necessary to explore the idea of this being a joint post (secondment) with both CLRN and HEWM instead of two singular posts.

Agenda item 1.2 Vignettes/ 1 page summaries

TD asked the group to try and help provide vignettes to provide to NHSE as examples of things that the AHSN has been involved in that wouldn't have happened otherwise.

Agenda item 1.3 Financial Arrangements

The group were informed that the money from NHSE has come in to UHB and hence would soon be ready for each of the lead organisations for the programmes to receive.

Agenda item 1.4 Outcomes/Milestones/Pay Schedules

TD discussed how the lead organisations would provide milestones, outcomes and outputs. It was decided that this would need to be done on an individual basis with their theme director and head of program.

Action: HoPs to discuss this with individual organisations

Agenda item 1.5 Future AHSN Priorities

The group were informed that the business plan for next year had been submitted. The business plan will go out to the theme directors once approved by the AHSN board and NHSE, it was stated that the following years business plan will be started earlier so that the Theme Directors and the Board can see several draft copies before a final copy is produced. Programmes that were not funded in this financial year are listed in next year's business plan.

Action: TD to circulate business plan once authorised

2. Advisory Groups

Agenda item 2.1 Progress

AR-some advisory groups have been formed (Integrated Care and Long Term Conditions have formed a joint group) and it was decided that consistency was needed between advisory groups.

Agenda item 2.2 Comments on ToR

All Leads/Directors were asked to take away a copy of the ToR and asked to read and provide any comments back on them.

Agenda item 2.3 Joint working across groups

3. AOB

The frequency of meetings was discussed.

Action: BD to organise meetings for every other month for the next 12 months.
