



**West Midlands Academic Health Science Network
Theme Directors and Clinical Priorities Meeting Minutes
2 – 4pm
Tuesday 11th November 2014
4 Greenfield Crescent, Edgbaston, Birmingham, B15 3BE**

Present: Tony Davis (TD), Andrew Rose (AR), Peter Lewis (PL), Tim Jones (TJ), Jamie Coleman (JC), Lucy Chatwin (LC) Theo Arvanitis (TA), Peter Winstanley (PW), Richard Lilford (RL) and Blair Davis (BD)

Apologies: Christopher Parker (CP), Ruth Chambers (RC), Rhian Hughes (RH) and Jeremy Kirk (JK)

Observing: Diptika Gill (DG)

Agenda Item 1: Welcome and apologies

TD welcomed members and apologies were received from those listed.

The minutes of the last meeting were agreed to be a true and accurate record and TD confirmed all action points had been completed. The decision was then taken to swap the order of agenda items 2 and 3.

Agenda item 2: Programme updates

LC gave an overview of the three “lots” out to OJEU. This includes the Innovation Gateway Service, the Innovation and Adoption Development Service and the online innovation and relationship management platform.

12 companies have reached the pre-qualification questionnaire (PQQ) stage, and will be scored in order to meet the next stage, invitation to tender. It is the aim for this to commence in the New Year. It was also reiterated that it is functional and output based, and it has been a restricted OJEU process in that it is reference based. TD and LC have had interactions with overseas trade, and there is a national champion who has interactions with AHSNs.

NM reported that the agreed Education and Training joint post with Health Education West Midlands (HEWM) has been filled by Marie Moore. NM has been bringing Marie up to speed with activities, and several of the post CCT fellowships are out to advert.

ACTION: Marie to meet all other Theme Directors and Clinical Priority Leads

TD also updated that as a result of the Health and Wealth Economic Summit, Marie has been working with David Taylor looking at job creation/apprenticeships.

Improving health and creating wealth

PL went on to provide his update on mental health.

GP practices have been identified to undertake a survey regarding the youth pathway project, which should give a clear platform and understanding of the youth pathway in the area.

The app for ADHD is in its final stages, and the testing will be in December.

The methodology for Medically Unexplained Symptoms has been signed off, and the training modules are well on the way to being developed.

Work on services throughout UK using RAID has been completed, and there will be a meeting in December to discuss the pros and cons of RAID, with a lead from the Royal College of Psychiatrists in attendance.

Two e-learning modules on self-harm and dementia care have been completed, and PL is advanced in looking at further projects for next year.

A call for innovation has gone out with over a dozen responses, and NM has been speaking with NHS England to ensure we know we are meeting and exceeding criteria with regards to developing health apps.

ACTION: NM to provide link between Swaran Singh, TA and PL

JC was next to update on the drug safety priority. A prototype will be available early next year for continuing professional development of non-medical prescribers.

The e-learning platform around medicines administration modules will go live in this financial year.

On 23rd February the 50 Years of the Yellow Card event will be held, and process mapping is currently underway for WMAS.

Alison Tennant has been helping with medicines management, and heat mapping has started for electronic prescribing to see who is using it, and where already has the capabilities to use it.

An event has been scheduled for February regarding GP practice digital maturity across the West Midlands, and NM acknowledged that there is a lot of commercial value in this link with wealth creation.

AR provided updates on behalf of RC, RH and JK on Long Term Conditions, Integrated Care and Clinical Trials.

The IC/LTC advisory group took place on 25th September, and the carers' event for Flo was very positive, with local press in attendance.

The Flo conference at Stoke CCG was held on 6th November, where it was discussed that Flo is being used for around 40 programmes across the country.

AR updated that with RH and RC, they have started to look at continuity funding and how we sustain the current network of experts with action learning sets.

The programmes are going well, but the CCG involvement in the south of the region needs improving.

AR then went on to provide a brief update on Clinical Trials. Query Workbench is moving along well, and there is development of leadership across the region. There is also a plan to map clinical trials infrastructure across the region using a questionnaire.

There have been discussions with industry and the Association of British Pharmaceutical Industries to take forward workshops and ensure interaction with SMEs. There is also a potential link with real world (big data) and the digital theme. TJ suggested linking in with Lorraine Harper at HEWM.

TA reiterated that Query Workbench is progressing well, and that the majority will be completed for December. There are four specialties ready for CURE, and there is potential to expand to more diseases.

Despite its late start, myHealth is accelerating, but it is thought that after a report is produced at the beginning of December an extension will be needed.

The West Midlands Health Informatics Network (WIN) conference is on 11th December, and WIN had a stand at EHI Live! last week which was a good opportunity for networking. NM added that attendance at open networks is increasing.

TA informed the group that there was some concern around the Hope programme, and they were unsure as to whether it is progressing to timeline. There have been several issues with communication, but TA was aware that they were coming to the end of the first virtual course but an update was needed.

After a systematic review it appears that the patient feedback app will need another month.

TJ went on to provide an update on the West Midlands Genomics Medicine Centre bid which has gone in, and a decision as to whether it has been successful should be made in mid-December. TJ also discussed how there is a big digital element, and there could also be potential for joint working with the adoption theme.

TJ has also now become a member of the Smart City Commission and is representing the WMAHSN on their Board.

AR discussed the successful patient safety symposium last week and the feedback given. Paddie Murphy is now working on this as the Patient Safety Lead until someone permanent is in place.

ACTION: Paddie Murphy to meet with Theme Directors and Clinical Priority Leads

TD updated on the Health and Wealth Economic Summit which took place over two days in October, on the first of which saw the launch of seven point growth plan. Next year it will be slightly different, as it will instead be a one day event to provide updates on progress.

RL was last to update on the Innovation and Adoption theme. Adoption of safe practice had its first dissemination event, and RL is due to do another.

The second sub theme, around data analysis of board papers, is on its third draft. TD commented that at the patient safety symposium this was identified as important.

ACTION: RL to share draft of the paper

TJ queried whether RL was taking in to account the maturity of the board during this process and RL informed the group that they were not. The reason for focusing on boards was due to the fact that information is easy to access and they were looking into how the same data is presented.

The first stage of this is to test it out on medical students and see if they can make sense of the data. This should all be finished before end of this financial year.

Phase 1 of Hydrate for Health is complete. Phase 2 has now commenced to scope out other work (not only on hydration). Evaluation of Hydrate for Health has already been undertaken on a stroke ward and was not received well; however, it will now be evaluated by a neurology ward.

Next month RL has a meeting on behaviour change and has already spoken with Chris Connell at NICE regarding dementia, delirium and rare disease.

The project on mortality needs reviewing. There is a person now in post to pursue but RL acknowledges that it has been slow.

Agenda Item 3: Operations update

TD informed members that a process for continuation of programmes is being developed, and proceeded to go through it using the innovation push and pull slides.

ACTION: TD to send out to all for comment for the next Board

TD explained that the process will be ongoing but all will go through the same process, for continuation of current programmes as well as commencing new ones. The process outlined to the group is a starter for ten; after feedback this will be taken to the next Board where further feedback will be given.

Agenda Item 4: AOB

JC requested BD to send Board dates to Theme Directors.

ACTION: BD to send out Board dates to Theme Directors

Agenda Item 5: Date and venue of the next meeting

27th January 2 - 4pm, 4 Greenfield Crescent, Edgbaston, Birmingham B15 3BE