West Midlands Academic Health Science Network
Theme Directors and Clinical Priorities Meeting Minutes
2 – 4pm
Tuesday 27 January 2015
4 Greenfield Crescent, Edgbaston, Birmingham, B15 3BE

Present: Lucy Chatwin, Acting Chair (LC), Ruth Chambers (RC), Rhian Hughes (RH), Jeremy Kirk (JK), Marie Moore (MM), Neil Mortimer (NM), Peter Winstanley (PW), Jamie Coleman (JC), Andrew Rose (AR), Theo Arvanitis (TA), Richard Lilford (RL), Susannah Goh (GH), George Tadros (GT) and Sarah Millard, minutes (SM)

Apologies: Christopher Parker (CP), Tony Davis (TD), Tim Jones (TJ) and Peter Lewis (PL)

Agenda Item 1: Welcome and apologies

LC welcomed members and apologies were received from those listed.

Agenda item 2: Operations updates

LC gave an update on the programme extensions process. All extension proposals had been received, the opportunities for innovations panel had completed their evaluations and the recommendations are to go to the WMAHSN Board on 28 January for approval. The WMAHSN Commercial Director will then develop the contract negotiations.

There was a question about timing of the results of this process. LC confirmed that the WMAHSN Heads of Programmes (HoPs) would be aware shortly after the Board. Clinical leads (CLs) and Theme Directors (TDs) requested that they received outcomes by the end of January, as there were issues around staffing etc. if these were not successful.

ACTION: HoPs to get verbal feedback to TDs and CLs by end of week.

NM pointed out that the AHSN supports programmes from instigation to adoption, so that the 2014 programmes should have been in fruition by Christmas 2015. The extensions were for programmes that were 90% completed and only required a final push.

RH pointed out that the whole process reinforced a project mentality and a rather fragmented way of working which will hinder the AHSN from a more integrated, strategic approach. LC stated that the process was necessarily a yearly round due to the nature of yearly NHS England funding for the AHSN.

NM stated that the process for new innovations would be circulated around TDs and CLs. While this had not been done with the extension process, in hindsight it should have been. WMAHSN could look at greater alignment across themes.

RH stated that it was astonishing that the TDs and CLs had not seen the programme extensions.

TA pointed out that there was TD and CL representation on the panel and while the process was not ideal, the priority is to not be fragmented. He agreed that while the process could be better integrated, the AHSN had done the best possible job within limited timescales. There was now an opportunity to improve integration of new projects going forward.

RH accepted that there were pressures but needed to formally minute that TDs were not happy with the current process and need to contribute to the process going forward. RC pointed out that we need to be very careful on whether it was an extension or new e.g. integrated care.

TA said that the programmes submitted suggested extending innovations rather than exploring new avenues. He agreed that the proposal form required improvement and that a conversation was needed about the process, although it is a learning process.

The AHSN is finalising the generic wording around the ongoing opportunities for innovations process, and it was raised that communications mention that people may receive the information more than once.

AR raised that mailing lists would be helpful, especially for CCGs.

Some themes reported that they were already looking at new innovations.

ACTION: TDs and CLs to engage with networks regarding ongoing opportunities.

LC introduced SG to the group. SG introduced herself and her role, covering open data, active ageing, stakeholder responsibilities and development on the EIT Health KIC.

LC gave an update on the Innovation and Adoption Management Services OJEU process. The AHSN is evaluating tenders and will be in a position to contract at the end of February/beginning of March.

NM gave a brief update on the West Midlands Genomic Medicine Centre (WM GMC). While there is clearly a digital challenge, there are opportunities for analysis and research. CP and TD were regularly attending WM GMC meetings, there is a site visit by Genomics England Ltd on Thursday 5 February and work is underway to recruit genomic medicine ambassadors. JK pointed out that there was a potential for duplication across the patch e.g. biobanks but it was noted that the WM GMC was aware of this and working on it.

AR gave an update on the Patient Safety Collaborative (PSC). This is focusing on pressure ulcer work, engaging with care homes, but this is proving to be challenging. The other PSC focus is on the Sign up to Safety initiative and engagement is ongoing across the region. The PSC work is being led in the interim by Dr Paddie Murphy but the appointment process is underway to recruit a Patient Safety Manager.

LC reminded the meeting that the quarterly report was due on 28 January and that TD is meeting with NHSE on 30 January.

Agenda item 3: Programme updates

RH gave an update on the long term conditions priority/integrated care theme. There is a review of small projects under LTCs and now needed to disseminate key outputs, barriers, lessons learned and outcomes. There had been some inevitable delay due to NHS problems. RH requested a chat around comms.

ACTION: RH to contact SM regarding communications activity.

STarTBack is progressing well, with the screening tool now integrated into the GP platform. There are a number of examples of CCGs adopting a quality and improvement approach, working with physios, which is encouraging for increasing roll out. The website is now live with training, commissioning and other redesign work supported with a toolkit. Nationally, STarTBack has been signed off as part of the postgraduate physio curriculum. RH and RC commented on how they had benefited from sharing a synchronised, strategic approach, sharing contacts etc. RC gave an update on Simple Telehealth/Flo: 12 trusts and CCGs in three clusters across region are now signed up, 1200 patients have been recruited and three publications are in the pipeline, including Tackling telehealth, which is to be disseminated by Mike McShane.

MM gave an update on the education theme. MM is looking to set up an Education and Training Advisory Group and has been liaising with TDs to determine what their education needs are, how they fit with Health Education West Midlands (HEWM) and beyond and how those needs are escalated through HEWM. MM noted that clear prioritisation in the innovations process – impacts and ease of deliverability – will help "sell" to HEWM. A good example is STarTBack, which RH explained. MM asked for feedback on the ease of prioritisation.

ACTION: All to feedback to MM on prioritisation.

NM pointed out that some programmes had triggered the development of e-learning modules, and that HEWM has the potential to spread them and a channel to market. It was noted that LEPs, which the AHSN is already engaging with, and CLAHRC WM are good links for MM.

ACTION: RL to link MM to CLAHRC WM.

JC gave an update on the drugs safety and medicines optimisation priority. There is a steering group in place with a good PPI rep. All five programmes are progressing. The launch of the community of practice is imminent. SCRIPT content is almost finalised and will be ready to launch in (possibly) Easter. There is a regional Yellow Card event for adverse drug reactions on 23 February. E-prescribing is very exciting as the first digital maturity project by the NHS; a new pharmacist at UHB is working on this, and there is a regional e-prescribing conference on 13 May. The theme is developing more materials, safety messages and ongoing engagement. JC noted that there is a WM mapping tool for digital maturity, which every region will use. An outcome of the PSC Symposium in November was that the theme is engaging with Merck from an educational perspective to scope around honesty, adherence and motivation.

GT gave an update on the mental health (MH) priority. RAID is developing e-learning modules and has completed two, part of the bigger picture to support acute staff with MH.

They are looking for university accreditation for the other six modules. The theme has found that there is a need to engage with people early on and has already engaged with MM. The RAID network is also being developed and the first meeting was held in December 2014. The Health Services Management Centre at the University of Birmingham has been commissioned to carry out the listening exercise and will interview key stakeholders on the basis of the three RAID evaluations already done. The drafts have been received for review, and there is a conference planned for spring 2015 to launch the document. The RAID engine, a practical tool which gives statistics and feedback to commissioners, managers and clinicians, has had £37K carried over to deliver this. TA pointed out that the RAID engine would benefit Query Workbench (QWB). NM noted that the MH Advisory Group had already received around a dozen innovations and had pre-empted the opportunities for innovations process somewhat.

TA gave an update on the digital health theme. There had been some delay on the Digital Health Advisory Group but seven members have now been formally contacted and the invitations will be sent soon. There are seven programmes, with end of year reviews for West Midlands Health Informatics Network (WIN), CURe and QWB and mid-February for the others. Four programmes have been submitted for extension. The Hub had failed to recruit participants for the course and there is to be a root cause analysis to determine why. Myhealth is progressing, with the first dissemination event on 2 February. WIN is becoming a success story. The conference in December was very successful, with more than 100 attendees and national and regional representation. Conversations with the WIN Co-ordinator are ongoing about maximising the network opportunities. There is an Open Network Event on 28 January and the WIN Advisory Group is now elected, with members to be more involved. CURe is completed and work is progressing to get it N3 compliant. This is available for clinical trials (CTs) and the theme is also looking at data sharing agreements. QWB is looking to involve vendors. The patient feedback app has now been superseded, so the theme is exploring which products could provide value, as well as making a systematic review of the literature. E-prescribing is very successful and there will be a digital maturity event later in the year for GPs. The theme is also looking at digital regarding the WM GMC and patient content tool. TA attended the EIT Health KIC event in Leuven on behalf of the AHSN.

SG gave an update on the EIT Health KIC. There are three streams: projects; accelerator to help SMEs commercialise; and education, supplementing post-registration and graduation, but also continuing professional development for health and social care professionals. SG reiterated that the KIC is not a grant-making body. There is a meeting in Germany in February to join up European nodes. The KIC is looking at a stakeholder event to feedback on this and report on progress. SG is approaching partners to uncover activity and ascertain what their aims are. TA pointed out that the additional funding and networking is very beneficial, and that the KIC should exploit the UK's Living Labs. SG agreed and stated that there is also a unique health economy and demographic offering.

JK gave an update on the CTs theme. The third CT Advisory Group is to be held next week, a broad group, where the next CT programmes are to be discussed. Both CURe and QWB are at proof on concept stage. The major thrust of them is to identify patients for brain tumour and diabetes trails. There is a lot of duplication, so there is a scoping exercise to

ascertain what is out there. There are two events forthcoming, targeting SMEs. The theme is working closely with the digital health theme on big data and identification of patients.

RL gave an update on the innovation and adoption theme. The theme has identified three streams for adoption – dementia, delirium and renal replacement therapy – which will be tested with eight medical directors next week. Hydrate for Health is up and running. The theme wants to establish a registry of patients with dementia, and GT stated that he was keen to collaborate on this, as well as pointing out that the registry has to sit outside acute care. RL also discussed the WM GMC, barriers to uptake and future applications under the safety umbrella.

Agenda Item 4: AHSN plans for regional engagement

It was widely felt that this point had largely been covered by discussion under Item 2. However, it was agreed that a gap analysis would be useful to see where CLs and TDs could fill gaps.

ACTION: SM to distribute list of major channels for disseminating opportunities for innovations (below).

Channel	Reach
Press release	223 journalists (local and national; print, broadcast and online)
Article for local dissemination	120 NHS communications leads, 14 LA comms leads, 19 industry comms leads, 100 community organisation comms leads, 14 other AHSNs comms leads, 51 academia comms leads
Email campaign	1628 subscribers via Mailchimp, 1562 via email lists (NHS, academia, industry, third sector, patients and the public)
Newsletter	1628 subscribers (NHS, academia, industry, third sector, patients and the public)
Website	1400 page views per week
Twitter	1324 followers (NHS, academia, industry, third sector, patients and the public)

Figures correct as of 1 February 2015.

Agenda Item 5: Co-ordination across themes/priorities

RC stated that she had done a matrix of where her theme was engaging with others and all agreed that a similar matrix would be helpful.

ACTION: SM to distribute engagement matrix (attached).

It was also agreed that this completed matrix should be submitted to the next meeting in advance by TDs and CLs to leave more time for discussion.

ACTION: All to complete matrix before next meeting.

It was also agreed that in order to cover any new programmes emerging, a more joined up review of proposals was required. It was also felt vital that the review process for submissions was to be circulated to TDs and CLs.

ACTION: NM and LC to explore process with TD.

NM stated that the opportunities process should have specific checks and balances to ensure that the potential for overlap between different themes and priorities was not missed. HoPs, TDs and CLs need to share things that are on their radars and need to ensure that they engage on an as-needed basis.

Agenda Item 6: Theme and priority appraisals

AR asked if there was a formal process for evaluation to assess outcomes and progress.

ACTION: AR to discuss with TD and CP.

The point about extension of contracts for TDs and CLs was also raised.

ACTION: AR to ask if TD and CL roles to be extended.

Agenda Item 7: AHSN to AHSN links

RC stated that WMAHSN was linking with three other AHSNs on the LTC/IC priority theme, and enquired if there was other AHSN to AHSN contact. NM stated that four AHSNs had joined together as a commercial entity around digital. However, informal links may be the way forward e.g. MH. It was questioned if there was a mechanism to put leads of similar AHSN projects together nationally. SM stated that she had begun a matrix to map this nationally but this had been passed to the AHSN Network.

ACTION: TD to raise at CDs meeting about this matrix

SM also pointed out that the AHSN Network's new website had a page for connecting groups e.g. AHSN Informatics.

ACTION: SM to send link to the AHSN Network forums website (http://www.ahsnnetwork.com/about-academic-health-science-networks/groups/) and priorities/theme matrix (contained in the attached brochure).

Agenda Item 8: AOB

There was no other business.

Agenda Item 9: Date and venue of the next meeting

31 March 2015, 2 - 4pm, 4 Greenfield Crescent, Edgbaston, Birmingham B15 3BE