



west midlands
ACADEMIC HEALTH SCIENCE NETWORK

**Clinical Priorities Leads Forum
Wednesday 11 May 2016
Conference Room 1, Institute of Translational Medicine**

Present: Christopher Parker (CP), Tony Davis (TD), Tammy Holmes (TH), Amy Boulton (AB), Gavin Russell (GR), Ruth Chambers (RC), Paddie Murphy (PM), Richard Walter (RW)

Apologies: Peter Lewis, Dion Morton

Agenda Item 1: Welcome/opening remarks/apologies

CP welcomed all and apologies were given as above. He hopes that the Genomics/ Personalised Medicine priority will in future be covered by a GMC ambassador.

Agenda Item 2: Minutes of the last meeting and Actions arising

Minutes of the last meeting (which was the final meeting of the Clinical Leads and Theme Directors') were accepted as a true record. All actions had been completed.

Agenda Item 3: Executive team brief on Business Plan 2016/17

CP updated the meeting on new Executive team and commented that the AHSN now has an excellent setup.

Following a national AHSN meeting earlier in the week CP confirmed that NHSE are keen to re-license AHSNs from 2018. CP reiterated that we must continue with the excellent work already taking place and further develop engagement with stakeholders.

RC raised the possibility of alterations to AHSN structures or laydown across England. CP reiterated that while there are geographical challenges, he is keen to continue with the current format. CP also raised that future NHSE funding will have to go hand-in-hand with commercial activities.

CP guided the meeting through the Business Plan outline including the four clinical priorities and exemplar concepts; essentially the mission is un-changed. Reference was made to the Board and the concept of operations, including the push and pull of innovations. CP explained the workflow diagram designed by TH and also drew the meetings' attention to the organisation chart which now includes the new roles within the AHSN.

CP then discussed the fifteen nationally set metrics for AHSNs. The WMAHSN will work within these metrics and record data accordingly. RC

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remarked that population approach is good in order to populate the metrics.

CP mentioned that he has a call scheduled with Andy Williams of the Black Country STP. CP's hope is that Andy will Chair the Central MIC.

ACTION: RW to provide STP Leads to RC.

Agenda Item 4: Network discussions

RC presented on the Long-term conditions Network Programme Plan for 2016/17. Discussion took place around linking to websites for AHSN sites, where is the line between 'linking' and 'endorsement' of a website or provider?

GR updated regarding the PSC. Capacity is now greater thanks to the recruitment of several new people, including Alistair Williamson, Ron Daniels, Helen Hunt and Ann Abbassi. Discussions ongoing with NHSI regarding Patient Safety. Joint partnership between WMAHSN, EAHSN and EMAHSN with AQuA. HSMC are involved with 'Community of Practice' Research. PSC also working with the Mental Health test bed.

PM observed that EIT is currently very busy due to deadlines on 17 May. There is a proposal to extend Meridian across all members of EIT. PM is supervising Proof of Concept and Head Start funding across the EU. Awards of €50,000 per successful application. Closing date in UK and Ireland is the end of May. These are open to SMEs across UKI. PM is attempting to restart Reference Network. Karen Morrey, Claire Potter and Sinead Ouillon now working alongside PM.

TD keen to see Clinical Leads establishing wider networks, similar to collaboration with Oxford and Barcelona around Smart Cities.

Agenda Item 5: Meridian

CP introduced Tammy Holmes, Innovation & Adoption Programme Manager. TH gave a general overview of Meridian including campaigns and innovations. TH encouraged Clinical Leads to utilise their networks to promote Meridian and encourage use of this platform. TH explained how the Meridian Operations Group are reaching out to their wider networks to encourage logging and registering Innovations on Meridian. TH clarified services offered to enhanced members. It would be great if Clinical Leads could comment on Innovations relevant to their areas. CP and TD stressed the importance of this and RC commented on how it is sometimes necessary to seek particular expertise from outside the network, and sometimes outside the region, citing some examples of when she had done this.

ACTION: Clinical Priority Leads to comment on all submissions to their themes on Meridian.

ACTION: TH to provide one to one training to Clinical Priority Leads.

Agenda Item 5: Risks and issues

CP outlined Risks document. PM raised possibility of adding a risk for external funding, should KIC funding cease.

ACTION: PM to draft candidate risk for consideration by the WMAHSN board.

Agenda Item 7: Any other business

None raised.

Agenda Item 8: Date and venue of next meeting 13 July, 1400-1600, ITM Board Room