

CLAHRC Executive Group Meeting Minutes

Collaboration for Leadership in Applied Health Research and Care

Tuesday 3rd June 2014 (13.30 – 15.00)
NDPCHS, New Radcliffe House, Walton Street, Jericho, OX2 6NW

Chair: Prof Richard Hobbs

Attendees		
	Alex Gardiner – AG	Richard Hobbs – RH
	Belinda Lennox – BL	Richard McManus – RMcM
	Bill Wells – BW	Sallie Lamb – SL
	Chandi Ratnatunga – CR	Sian Rees – SR
	Dan Richards-Doran - DRD	Sue Davolls - SDa
	Jane Walker – JW	Sue Dopson – SD
	John Geddes – JG	Carla Betts – CB (minutes)
	Raymond Fitzpatrick – RF	

Item	Subject	Action	Progress	✓
1.	Introductions and Apologies			
	<p>Introductions were made by all. Apologies were received from Michael Sharpe (MS).</p> <p>RH welcomed Dan Richards-Doran who has taken on the 0.5 CLAHRC Communications and Events Manager post. E: dan.richards-doran@phc.ox.ac.uk</p>	Noted.		
2.	Minutes			
	<p>The CLAHRC Executive minutes dated the 21st March 2014 were agreed as accurate.</p> <p>Scientific Advisory Board (SAB)</p> <ul style="list-style-type: none"> William Burns, recent CEO of Roche Pharmaceuticals and Chairman of Health Innovation Challenge Funding Committee for the Wellcome Trust has agreed to chair the SAB Professor Dietrich Grobbee (International Research Expert) is still to be confirmed. RH to chase. Geraldine Strathdee (National Clinical Director for Mental Health) has unfortunately declined due to lack of availability. RH suggested not inviting a replacement as the suggested lay representative has a high degree of expertise. SR suggested inviting Leicester Firkin to join the SAB. It was agreed that SR would make contact. <p>NIHR Infrastructure Training Lead</p> <ul style="list-style-type: none"> MS had previously volunteered to be the training lead within the Executive Group, however it was reported that this was becoming more time consuming than expected. MS to contact AG to discuss the demand for this role. MS to continue as the Training Lead until it is discussed at the next Executive Group meeting. CB to add to the agenda. <p>COPD Collaboration with North West London</p> <p>RH met with Ganesh Sathyamoorthy (Assistant Director for Partnerships and Business Development). Ganesh is keen to roll out a CLAHRC led service pathway in COPD and it was noted that there is a willing respiratory group in Oxford that would like to be</p>	<p>Noted.</p> <p>RH</p> <p>Noted</p> <p>SR</p> <p>MS/AG</p> <p>CB</p>		

	<p>involved. RH stated that this is a good opportunity to form a stronger bilateral relationship and that GS was very positive and keen to work with us. RH stated that the NW London CLAHRC was seen as a strong, successful and innovative CLAHRC in the first round, hence a good opportunity to partner with and add additional matched funding.</p> <p>GlaxoSmithKline (GSK) RH stated that we have recently put a grant into GSK to fund implementation of the COPD bundle developed by North West London CLAHRC in Oxford. If this grant is successful then the CLAHRC will be linked to positive industry involvement and additional matched funding from North West London CLAHRC, as well as forming a cross CLAHRC working collaboration.</p>			
3. Finance (BW)				
	<p>Matched Funding BW presented a summary of the matched funding.</p> <p>BW had previously asked the NIHR if there is a definition of what the NIHR see as research and what they see as implementation matched funding? <i>“There is no specific definition as this is really within the CLAHRCs remit. NIHR do not fund implementation research. Research would include applied health research and related activities such as dissemination and the trialling and evaluation of initiatives to encourage adoption of evidence based practice or clinical effectiveness. Implementation includes the introduction of new services etc.”.</i></p> <p>It was noted that the matched funding research/implementation allocation split was taken from the original accepted application form, where the below guidelines were used and phased equally across the five years;</p> <ul style="list-style-type: none"> - University based = Research - NHS based = Implementation - AHSN = 20% Research / 80% Implementation <p>There is a current shortfall in matched funding across all 5 years of 1.6 million.</p> <ul style="list-style-type: none"> - It was noted that the EMU project has taken up the Implementation shortfall - NS is currently looking into badging additional central support costs <p>Following discussion it was agreed that the theme leads would look at allocating more matched funding costs, such as department overheads and support staff to their individual themes.</p> <p>Theme Leads to think about what is a justifiable/reasonable amount of matched funding before sending to BW and AG for modelling. This is to be conducted ahead of the July Executive Group meeting. AG to send a reminder to the theme leads.</p> <p>It was agreed that the matched funding overview will be a lot clearer by the Autumn.</p> <p>Matched Funding Letters</p> <ul style="list-style-type: none"> • AG stated that letters to the matched funders confirming the matched funding will be sent out soon. Tls are requested to be prepared to confirm some of the detailing within the letters. • These letters will state that the matched funders are happy to continue at the 	<p>Theme Leads AG</p> <p>AG / CB / Theme</p>		

	<ul style="list-style-type: none"> ○ Just completed a PRMs in mental health project and other studies commencing (MSK, dermatology) <p>3. Sources, types and use of feedback of patient experience</p> <ul style="list-style-type: none"> ○ This post is about to be advertised from NDPCHS <p>Additional funds have just been awarded from ARUK / NHSE England, jointly with NDORMS to develop MSK PROM</p> <p>Theme 4 (Professor Michael Sharpe) Better management of psychiatric comorbidity in the medically ill: developing integrated care</p> <ol style="list-style-type: none"> 1. Palliative care and depression 2. Cancer and depression <ul style="list-style-type: none"> ○ Business case for depression programme in Oxford Cancer Centre is in its final stages (implementation to be evaluated in project b) and has been reported in local press 3. Psychological care of medical inpatients 4. Diabetes and depression <ul style="list-style-type: none"> ○ At the end of the pilot work and in write up with AF <p>Matched funding from OUHT and OHFT substantially greater than theme budget and likely to increase substantially with investment by Trusts.</p> <p>Theme 5 (Professor Richard McManus) Optimising the health of people at risk of or with chronic disease through self-management</p> <p>DPHils:</p> <ol style="list-style-type: none"> 1. Obesity 2. Self-management COPD 3. Risk in type 2 diabetes <p>Projects:</p> <ol style="list-style-type: none"> 1. Self-management of antihypertensives after hypertensive pregnancy 2. Self-management of bipolar disorder 3. What works in self-management in practice? <p>The DPhils for COPD and Diabetes were advertised late due to university delay in agreement of matched funding but there has been agreement to roll over this matched funding to next year. Little impact on NIHR budget as mostly funded through matched funding.</p> <p>Self-management in pregnancy study in set up with additional funding from RM Professorship.</p> <p>It was agreed that SR will complete a PPI update template as well as the theme leads.</p> <p><u>NIHR acknowledgments guidelines</u> AG/RH reminded the group about the importance of the NIHR acknowledgement guidelines. The NIHR have requested to be sent;</p> <ul style="list-style-type: none"> - Publications – 28 days in advance for approval (copy in AG) - Press releases – 14 days in advance for approval (copy in DRD/AG) <p><u>Sponsorship programme</u> It was suggested that the CLAHRC could operate a sponsorship programme where a</p>	<p>MS</p> <p>RMcM</p> <p>SR / CB</p>		
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	<p>modest central budget will be available to fund journal fees, analysis costs etc. for any additional work that can be thematically linked to the CLAHRC.</p> <p>RH requested >15 publications in year one, increasing to 20-30 publications per year after that.</p>	All		
5.	Communications update			
	<p>Communications Meeting with Oxford Health It was agreed that a communications meeting with Lorcan O'Neill (Oxford Health), DRD and AG will be arranged to discuss the CLAHRC Communications strategy. CB to arrange.</p> <p>New CLAHRC Website DRD gave a brief overview of the new CLAHRC website. www.clahrc-oxford.nihr.ac.uk</p> <p>It was requested that any amendments, additional copy and other useful information for the website is sent to DRD.</p> <ul style="list-style-type: none"> SR suggested looking at the lay content of the site RH suggested incorporating the published protocols (with DOIs) against each project. This would also boost publications It was suggested to add the CLAHRC outputs to the site The filtering system for the publications and the CLAHRC BITES is currently in development <p>Twitter Please follow us on our new NIHR CLAHRC Oxford Twitter account! @CLAHRC_Ox http://twitter.com/CLAHRC_Ox</p> <p>Please forward anything that you would like tweeting to DRD.</p> <p>Communications Strategy The CLAHRC Communications strategy is currently being developed and DRD will be in contact with the TLs to arrange a convenient time to get suggestions and feedback on the proposed strategy.</p> <p>NIHR Hub Training</p> <ul style="list-style-type: none"> AG and CB carried out the NIHR Hub Change Champion mandatory training requested by the NIHR for the new Google Hub. It was agreed that NIHR Hub accounts will be set up for all members of the Executive Group. Please contact CB or AG if you have any queries relating to the NIHR Hub. 	CB		
		All		
		All		
		DRD / Theme Leads		
		CB		
6.	PPI update			
	<p>PPI Coordinator post SR stated that it has been agreed that the 0.5 CLAHRC PPI Coordinator post can be linked to the NDPCHS 0.5 PPI post. This will be advertised as a full time post with the option of a minimum of part time 0.5 FTE. CB to draft advert.</p> <p>Role Description - Lay Representation</p> <ul style="list-style-type: none"> SR had previously circulated a role description for the two lay representative Management Board posts 	SR / CB		

	<ul style="list-style-type: none"> • SR noted that using this more formal process has worked well previously • SR requested that any comments on the role description are sent by Wednesday 11th June • SR to then send the theme leads a formal email for wider circulation • It was noted that at present only travel and carer expenses will be reimbursed, SR is working with the BRC on standardising payments to lay representatives <p>Theme PPI contact SR requested that each TL provides a named point of contact to for PPI CLAHRC communications.</p>	All SR Theme Leads		
7. Any Other Business				
	<p>NHS Organisational changes RH stated that Stuart Bell would like to attend an upcoming executive group meeting to discuss the NHS Organisational changes. CB to send SB the list of meeting dates and confirm a convenient time.</p> <p>Feedback from the CLAHRC Directors Meeting BL and AG attended the CLAHRC Directors meeting on Friday 23rd May.</p> <p>Following a meeting with Russell Hamilton (responsible for the NIHR and the DH Policy Research Programme) it was noted that the NIHR are very keen on developing case studies.</p> <p>The below notes were taken from the set of slides that were presented on how the CLAHRCs will be measured:</p> <p>Key Markers of Success for CLAHRCs The visible and tangible extent to which CLAHRCs have:</p> <ol style="list-style-type: none"> 1. <i>Developed and conducted applied health research relevant across the NHS, and translated research findings into improved outcomes for patients:</i> <ul style="list-style-type: none"> ○ volume of research – number of papers ○ quality of research – quality of papers ○ impact of research – reach and significance 2. <i>Created a distributed model for the conduct and application of applied health research that links those who conduct applied health research with all those who use it in practice across the health community:</i> <ul style="list-style-type: none"> ○ extent of partnerships – university, NHS, local authority, patients etc. ○ strength of partnerships – durability, flexibility, delivery ○ impact of partnerships – synergy, shared vision 3. <i>Created and embedded approaches to research and its dissemination that are specifically designed to take account of the way that health care is delivered across the local AHSN:</i> <ul style="list-style-type: none"> ○ evidence of joint working with AHSN- shared vision, consistent approaches, synergy, shared systems?, joint staff? ○ reach of CLAHRC across AHSN geography – number of organisations involved, range of organisations involved 4. <i>Increased the country's capacity to conduct high quality applied health research focused on the need of patients and particularly research targeted at chronic disease and public health interventions:</i> <ul style="list-style-type: none"> ○ increase in number of individuals being trained in applied health 			

	<p>research – number of studentships, fellowships etc.</p> <ul style="list-style-type: none"> ○ increase in number of individuals conducting high quality applied health research – number of NIHR Senior Investigators related to CLAHRCs, number of REF-returned staff related to CLAHRCs, number of successful applications for applied health research funding from staff related to CLAHRCs, number of Nobel prize winners related to CLAHRCs <p>5. <i>Improved patient outcomes locally and across the wider NHS:</i></p> <ul style="list-style-type: none"> ○ improved patient outcomes locally – attributed to local CLAHRC ○ improved patient outcomes nationally – attributed to CLAHRCs ○ improved population health locally – attributable to local CLAHRC ○ improved population health locally – attributable to CLAHRCs <p>6. <i>Contributed to the country's growth by working with the life sciences industry</i></p> <ul style="list-style-type: none"> ○ demonstrable economic benefit – by improving the health, and hence the contribution to the economy, of the workforce locally ○ demonstrable economic benefit – by reducing the cost of care locally ○ demonstrable economic benefit – through partnership with the life sciences and other industries <p>BL to summarise and circulate to the Tls and think about how contribute to these metrics.</p> <p>BL noted that Mags Sara is leading a review for the DH on how NIHR infrastructure contributes to growth. The NOCRI are working on building case studies of industrial successes so reporting positive relationships with industry will be very important. There is a NIHR visit planned with the Oxford CLAHRC, NOCRI, CCF and DH on Tuesday 1st July 2014.</p> <p><u>Examples of the Value of NIHR CLAHRC Funding</u></p> <ul style="list-style-type: none"> ● AG presented a template form that Tls will need to complete with an assessment of output or impacts. ● The NIHR are collecting impact case studies for a database that can be filtered to provide examples of CLAHRC outputs. ● JG to complete this for the EMU <p><u>Linking with Professional Societies</u></p> <p>It was suggested to incorporate the below on the CLAHRC website;</p> <ul style="list-style-type: none"> ● links that the CLAHRC team have with professional societies ● external positions/ awards (including the NIHR Senior Investigator award) <p><u>Peer Review</u></p> <p>BL stated that the CLAHRCs have agreed to offer peer review so a small database of specialities for peer review needs to be developed. Executive members agreed that they can be contacted for this. AG will coordinate with Universities UK to create a database and refine the details of peer review requests</p> <p><u>CLAHRC Implementation Group</u></p> <ul style="list-style-type: none"> ● RMcM/SD extended an invite to each of the themes to the cross-cutting implementation group meetings ● RMcM to circulate a short description of the groups ToRs to the Tls. Tls to notify RMcM/CB if you would like a representative to attend these meetings <p><u>Action Learning</u></p>	<p>BL</p> <p>JG</p> <p>AG</p> <p>Theme Leads</p> <p>RMcM</p>		
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NIHR Oxford CLAHRC

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	<ul style="list-style-type: none"> • SR stated that she has had little feedback from the training and development questionnaire previously circulated. • CB to re-circulate the questionnaire to the TLs who should circulate on to a wider group. <p>NIHR Knowledge Mobilisation Research Fellowship Scheme</p> <p>The NIHR announced the launch of a further round of the NIHR Knowledge Mobilisation Research (KMR) Fellowship Scheme. This scheme, managed by the NIHR Trainees Coordinating Centre, supports Fellows to undertake a balance of innovative knowledge mobilisation and research into the processes and impacts of such innovation. Through innovative practice and systematic study of that practice, KMR Fellows should advance knowledge and understanding of research use, influence and impact.</p> <p>KMR Fellowships are personal awards and will fund a Fellow's salary costs, research costs and a personalised training and development programme.</p> <p>Further information please go to: http://www.nihrtcc.nhs.uk/kmrf Applications must be submitted to the NIHR TCC by 1.00 pm on 14th August 2014.</p>	CB/ Theme Leads		
8.	Date of Next Meeting			
	<p>The next Executive Group meeting has been scheduled for Thursday 17th July (11.00 – 12.30) at New Radcliffe House.</p> <p>Apologies have been received from JG and SL.</p>	All		