Collaboration for Leadership in
Applied Health Research and Care
Oxford

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NIHR CLAHRC Oxford
Management Board Meeting Minutes

Date and Time: Tuesday 10th February 2015 (09.30 – 11.00)
Place: Department of Psychiatry (Gelder meeting room), Warneford Hospital, Oxford, OX3 7JX
Chair: Mr Stuart Bell

Attendees			
Voting Members	David Smith	DS	Oxfordshire Clinical Commissioning Group
	Gary Ford	GF	Oxford Academic Health Science Network
	Belinda Lennox*	BL	NIHR CLARHC Deputy Director
	Stuart Bell	SB	Oxford Health NHS Foundation Trust
Non-Voting Members	Alex Gardiner	AG	NIHR CLAHRC Oxford Senior Manager
	Karen Kearley	KK	Oxfordshire Clinical Commissioning Group
	Carla Betts (minutes)	CB	NIHR CLAHRC Project Officer
	Sian Rees	SR	NIHR CLAHRC Oxford PPI Lead
	Ann Van den Bruel	AVB	DEC Oxford, Director
Presentations from	John Geddes	JG	Theme 1 Lead
	Michael Sharpe	MS	Theme 4 Lead

*joined by phone

1.	Introductions and Apologies	
	Introductions were made by all. Apologies were received from Bill Wells (BW), Carl Heneghan (CH), Christopher Pugh (CP), Clive Meux (CM), Jane O'Grady (JOG), Jonathan Michael (JM), Keith Channon (KC), Matthew Tait (MT) and Richard Hobbs (RH). SB welcomed David Smith and Ann Van den Bruel to the Management Board.	All
2.	Minutes	
	Minutes of the CLAHRC Management Board dated 14th October 2014 were agreed as accurate. Minutes of the CLAHRC Executive Group meeting dated 4th December 2014 were presented to the Management Board for information.	Noted.

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3.	CLAHRC Governance	
	Following the previous Management Board meeting, it was agreed that the changes requested by the board had been incorporated into the Management Board TORs.	Noted.
	It was agreed that the TORs will be reviewed on an annual basis and that any acronyms will be defined within the document.	AG
	Clarification was sought around how the strategic relationships of organisations fit together what the regularly used acronyms mean. GF and JG agreed to prepare a document clarifying these points.	GF / JG
	It was agreed that the connection between the CLAHRC and the BRC; BRU; DEC and LCRN has been strengthened by CLAHRC activity.	
4.	Theme Presentations and Discussion	
	Prof John Geddes and Prof Michael Sharpe were invited to present their themes to the CLAHRC Management Board **SB asked the Board to think about ways in which we can capitalise on other opportunities and how we want to shape the last three years of the CLAHRC.**	

	Theme 1: Early intervention and service redesign
	Theme Lead: Prof John Geddes
	
	Theme 1 evaluates a range of innovations across chronic diseases, building on the capacity of rapid evaluations. The 3 initial projects are outlined below;
	
	Project 1
	Emergency Multidisciplinary Unit (EMU)
	▪ A disruptive innovation acute care pathway – addressing the 'Future Hospital' and NHS England Five Year View
	▪ Acute multidisciplinary assessment and treatment within ambulatory pathways as a credible alternative to admission
	▪ Embedded innovations in point of care diagnostic technology and professional culture change
	
	Complex evaluation of Impact
	▪ Clinical outcomes and safety markers
	▪ Patient experience and carer stress
	▪ Long term health and social care costs
	▪ Commissioning models
	▪ Issues for research design
	  – uncontrolled comparators vs. stepped wedge
	  – use of routinely collected data vs granular real time data
	  – integration across databases
	
	Impacts
	▪ Guardian Healthcare Innovation Award winner – Service Delivery, October 2013
	▪ National stakeholders supporting analysis of EMU to set policy
	  – NHS England Pricing Unit
	  – Monitor
	▪ Prof Dan Lasserson selected to join NICE Guideline Development Group – Acute Medical Emergencies: Service Guidance
		JG

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Project 2
Early Intervention in Psychosis
- New service models of age inclusive mental health services
- Evaluating effectiveness of early intervention services.
- Patient experience – Experience based co-design

Demonstrating better outcomes for those in EIP service across the Thames Valley.
JG presented a graph demonstrating better outcomes for those in EIP services across the Thames Valley, which is an example of CLAHRC resource bringing in expertise from the outside.

Impacts
- Influencing policy - National RTT target and outcome measures for early psychosis implementation April 2015
- BL on Regional and National Expert Reference Groups for early psychosis

Project 3
Dementia Pathway – Care Home Support
- New service model of integrated physical and mental health in-reach service to care homes.
- Evaluating effectiveness of early intervention stepped care approach.
- Combining evidence based psychosocial treatment

Complex evaluation of Impact
- Clinical outcomes and staff data
- Patient/Resident, Family and Carer Experience
- Long term health and social care usage and costs
- Issues for research design
    - uncontrolled comparators vs. stepped wedge
    - use of routinely collected data & integration across databases
    - Capturing Programme level implementation data alongside project outcomes – short and longitudinal learning.

Impacts
- Influencing policy on:
    - DH Guidelines on Antipsychotic prescribing for people with dementia
    - BPS Guidelines of best psychosocial practice
    - DH best practice guidance on dementia friendly environments.

JG stated that he has kept some of the resources back in order to scale up the right activities, in order to progress this work and make it more ambitious and sustainable.

JG is currently putting together a bid with a variety of partners, building on expertise that will look at remote monitoring.
Currently in discussions with the Head of CLAHRC Nottingham - a potential national collaboration

Evaluating Innovation
- Partnering AHSC, AHSN, BRC
    - GE
    - Apple - have agreed to commit a software developer
    - Proteus - what is needed to evaluate technology to make it commissionable in NHS setting?
    - Precision Medicine Catapult (BIS)
    - Somalogic
    - P1vital
    - George Freeman MP – recently hosted with Prof John Bell

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- Building capacity
  - Health economics – Jose Leal, Apostolos Tsiachristas
  - Routinely collected data (CRIS) – via EMIF
  - Said Business School - Angela Aristidou
  - IMI
  - PPI
  - George Institute for Global Health (Oxford)

JG spent has spent the last year facilitating the implementation of CRIS (Case Register Interactive Search) in Oxford, Cambridge, UCL, Slough and South London and Maudsley.

Theme 4: Better management of medical-psychiatric comorbidity
Theme Lead: Prof Michael Sharpe

- Affects a quarter of the medically ill
- Worsens suffering and increases costs
- Example of multi-morbidity – very high on NIHR funding agenda
- Especially problematic because of the mind-body split in care

Aim
To do research that will improve our ability to treat patients with psychiatric illness comorbid with a general medical condition, effectively and efficiently.

Impacts

Publications
- 3 linked papers on depressive comorbidity in patients with cancer published in Lancet Journals
- Substantial national and international media coverage

- **Paper 1** - How well do we treat comorbid depression in people with cancer?
- **Paper 2** - How can we treat depression better in people with cancer?
- **Paper 3** - How can we treat depression better in people with poor prognosis cancer (lung cancer)?

Awards
- OUH Psychological Medicine Team:
  - OUH gold 'Team of the Year'
  - Runner up RCPsych 'Team of the Year'
  - Theme lead Michael Sharpe:
  - RCPsych 'Psychiatrist of the Year'

Project 1
A study of the implementation of Depression in Care for People with Cancer
- Collaborative project with OUH Cancer Centre, Macmillan Cancer Support Charity and TV Cancer Network
- Consultant appointed and funding for 3 Macmillan nurses agreed
- Currently collecting pre-implementation data

Project 2
Better management of comorbid depression in palliative care
- Collaborative project with OUH Palliative Medicine and Sobell House Charity
- Treatment piloted
- Application made to NIHR HTA for trial (Jan 2015)

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Project 3
Improving the compassionate psychological care provided by general staff
- Collaborative project with OUH senior management
- Currently studying staff and patient needs and piloting team supervision
- NIHR programme grant application in progress

Pilot projects:
- Who are high users of secondary medical care and can they be better managed? Looking at top 1% high users ~300 patients
  (Collaboration with Oxfordshire CCG and the comorbidity AHSN network)
- Does proactive psychiatry in medical wards improve care and reduce length of stay? Piloting at the Horton Hospital. (Collaboration with APM, Yale University and the comorbidity AHSN network)

There was discussion around what the core activity of the second half of the CLAHRC should be.

DS asked where should the CCG prioritise? MS asked if CCG can provide the bigger context which would be helpful to identifying an area of priority.

Engaging directly with patients and carer, developing different ways of working – i.e. How can we engage with industry around healthcare problems rather than a product which has already been developed and how could we then put this out to industry to tender?

- Impact in local system
- Building capacity and developing a more outward looking CLAHRC
- Thinking differently in ways of approaching different treatments
- Strategic discussions with commissioners
- Integrally involving industry

Where are the problems that are amenable to different approach and how do we go about it?

- Should we select more defined groups?
- What evidence as commissioners do you need?

SB asked that RH/BL and the Executive Group look at this issue in more depth for the second phase of the CLAHRC.

Diagnostic Evidence Co-operative Oxford (NIHR DEC)

The DEC is at the forefront of evaluating and testing in vitro diagnostics (IVDs) in primary care settings. The DEC work with a range of organisations, including the Technology Strategy Board and the British In Vitro Diagnostics Association.
The DEC supports the UK's diagnostic industries, specifically focusing on SMEs. Work is currently being carried out with Roche and Phillips. AVB has also been working closely with the AHSN.

AVB stated that the NIHR positions the DEC slightly before the CLAHRC in the translation of research, which could provide useful for referrals.

RH/BL/AG

The Management Board noted that there is some need for coordination / visibility of who we are all engaged with.
It was mentioned that Prof Sir David Fish at UCL Partners has developed a translation

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	of local pathway within the CLAHRC North Thames. It was agreed that AVB will be present the DEC at the next Board Meeting.		AVB / CB
5.	**Finance update**		
	In BW's absence, AG agreed to circulate the finance report to the Management Board, following the meeting.		BW/AG
6.	**PPI update**		
	Lynne Maddocks, PPI Coordinator for the CLAHRC joined the team in November. A PPI strategy development meeting, involving researchers and patients from each theme will be taking place on Friday 13th February. Recruitment for two lay representatives on the CLAHRC Management Board will soon be underway, with the role description already in place. SR noted that it is expected that the two lay representatives will be in post and invited to the next Management Board meeting.		SR
7.	**AHSN update**		

	GF announced that Prof Charles Vincent has taken on the role of AHSN Patient Safety Lead. Prof Vincent is a leading national figure in the patient safety field having devoted much of his working life to research into how to make healthcare safer.
	
	The initial patient safety focus is in four key clinical areas:
	  1. Reducing acute kidney injury
	  2. Improving medication safety
	  3. Reducing pressure ulcers
	  4. Improving safety in mental health
	
	GF stated that there is uncertainly around what the AHSN budget will be.
			GF

8.	**Any Other Business**		
	CLAHRC Scientific Advisory Board The Scientific Advisory Board (SAB) have their first meeting on Thursday 5th March 2015. Following a discussion between William Burns (SAB chair), BL and AG it was agreed that this first meeting will go ahead with both William Burns and Diederich Grobbee and that we will analyse where the gaps are before recruiting additional SAB members.		Noted.
9.	**Date of Next Meeting**		
	9th June 2015 (09.30 – 11.30) at New Radcliffe House, **please note extended time.** It was agreed that AVB will present an overview of the DEC at this meeting. **13th October 2015 (09.30 – 11.30)** at New Radcliffe House, **please note extended time.**		Noted. AVB / CB