

CLAHRC Executive Group Meeting Minutes

Collaboration for Leadership in Applied Health Research and Care

Monday 16th December 2013 (11.30 – 13.00)
Department of Psychiatry, Warneford Hospital, Oxford, OX3 7JX

Attendees		
	Bill Wells – BW	Richard Hobbs – RH (Chair)
	Gary Ford – GF	Richard McManus – RMcM
	John Geddes – JG	Sallie Lamb – SL
	Michael Sharpe – MS	Sian Rees – SR
	Nicola Small – NS	Carla Betts – CB (minutes)
	Raymond Fitzpatrick - RF	

Item	Subject	Action	Progress	✓
1.	Introductions and Apologies			
	Introductions were made by all. Apologies were received from Belinda Lennox and Sue Dopson.	Noted.		
2.	Minutes			
	The Large Working Group Minutes dated 16 th September 2013 were agreed as accurate. It was noted that the matched funding confirmation letter was submitted to the NIHR in September. The NIHR Oxford CLAHRC contract has been signed and returned by Oxford Health (Clive Meux signed in Stuart Bell's absence). However, we are still waiting for the counter-signed copy to be returned. BW chased earlier today. It was noted that there was concern over a few clauses within the contract; it was in agreement that the contract would still be signed given the deadline. It was agreed that any contractual concerns must flow through to the collaboration agreements. It was also noted that Oxford Health had sent the contract out to external solicitors which caused slightly longer delays than expected. It was suggested that the trust use the Joint Research Office (JRO) in future.	Noted. BW BW		
3.	Personnel Appointments			
	CLAHRC Administrator CB will be taking on the 0.5 post of CLAHRC Project Officer and looking after the administration of the CLAHRC. CLAHRC Senior Manager <ul style="list-style-type: none"> RH stated that three applicants were shortlisted, with one very appointable candidate. Martin Batty (Manager at Leicester Cardiovascular Biomedical Research Unit) was offered the post but due to certain circumstances will now find it difficult to relocate to Oxfordshire from Leicester. There is continued discussion over this post with a possibility that this may still be possible by mid-January. It was noted that there has been a late application for the post and a meeting has been set for January to see if this candidate would be appropriate. It was agreed by all that it was important to wait for the right person for this post. 	RH / BL RH / BL		

	<ul style="list-style-type: none"> RH stated that he has negotiated a potential secondment post for January with the Senior Scientific Manager of the School for Primary Care Research who would be willing to do a 50/50 split for a temporary six month period to start getting processes and establishing CLAHRC systems. It was agreed that if this option took place then a strategic decision would be made by Easter regarding the post. <ul style="list-style-type: none"> BW noted that VAT considerations regarding this secondment would need to be made CB to send a copy of the CLAHRC Manager Job Description to SL Theme leads to let RH and the team know of any other potential candidates 	CB All		
4.	Finance			
	<p>Sponsorship</p> <ul style="list-style-type: none"> There was discussion around who the head sponsor would be or if sponsoring the individual projects would be more appropriate It was agreed that sponsorship of the projects would vary from Oxford University and Oxford Health and will be, by default, where the PI is employed It was agreed that clarification around sponsorship would be included in the sub-contracts RMcM noted from previous experience of the Birmingham CLAHRC, that each project/theme in Birmingham was treated as a different project grant. BW noted that the cost of sponsorship was not written into most of the models <p>Matched funding</p> <ul style="list-style-type: none"> RH stated that we are still assuming that the matched funding, originally agreed in the application is what we will be delivering Reporting of matched funding is expected BW to circulate the reporting information that has been received so far RH was confident that we will end up with more opportunities for matched funding There was discussion around the NIHR Research Fish and capturing outputs. It was agreed that any publications relating to the CLAHRC are included in a standard CLAHRC acknowledgment. This policy will be incorporated into the systems set up and collaboration agreements. It was noted that the BRCs and BRUs do not accept papers if the acknowledgment had not been included. RMcM to circulate the BRU and BRC acknowledgement/output criteria BW stated that he has been asked by the trust auditors to write a paper on how this process is going to work. BW to circulate to the group when written. <p>Collaboration Agreements</p> <ul style="list-style-type: none"> BW has spoken to Justinian and Anne. The collaboration agreements will hopefully be circulated to the group this week It was agreed to have two agreements. One for the University and one for matched funding. BW to incorporate clauses for citing's and publication requirements, as mentioned above RH asked that the collaboration agreements are finalised by early January <p>There was discussion around ensuring that we do not underspend. Anyone with any concerns regarding underspend before March 2014 to contact BW.</p>	BW RMcM BW BW All		

5.	Theme Lead Update			
	<p>Theme 4 (Professor Michael Sharpe) Better management of psychiatric comorbidity in the medically ill: developing integrated care</p> <ul style="list-style-type: none"> MS stated that not a great amount of detail has changed from the original application A new post is due to start in April 2014 and a second in April 2015 MS stated that out of the three early projects the project on <i>'Integrating treatment of major depression and poorly controlled type 2 diabetes in primary care'</i> may be substituted by a cancer themed project, due to additional challenges presented when recruiting in primary care RMcM suggested that MS gets in contact with to Dr Tim Holt to discuss potential options of screening through The Clinical Practice Research Datalink (CRPD) database. It was noted that no changes to the themes finances were required <p>Theme 5 (Professor Richard McManus) Optimising the health of people at risk of or with chronic disease through self-management</p> <p>RMcM outlined the below progress regarding matched funding for the four DPhil student posts;</p> <ul style="list-style-type: none"> One DPhil student is in place working on the project <i>'What are the triggers for people to lose weight?'</i> One NIHR Clinical DPhil post is out for advert at the moment, with an interview date scheduled for 27th January Funding has been confirmed for a band 7 Research Fellow to help with the development work from April 2014 for 2 years in the first instance RMcM is still chasing the University Graduate Admissions and Funding department regarding confirmation of matched funding for the further two DPhils. It was noted that RMcM has a fall back plan in place if this matched funding falls through RMcM to meet with NS to check that the theme finances are all on track <p>Theme 1 (Professor John Geddes) Early Intervention and Service Redesign across organisational boundaries</p> <p>JG gave a brief overview of the below projects:</p> <ol style="list-style-type: none"> Effectiveness of interface medical units Emergency Multidisciplinary Units (EMU). They have had their first major success. Winner of the Guardian Healthcare service delivery innovation award – Abingdon community hospital's emergency multidisciplinary unit. Effectiveness of integrated physical and mental healthcare in-reach teams in care homes. JG understands from Jane Fossey that everything is going OK with this project. It was suggested that they may set up a ½ day conference to share evaluations of service innovation JG stated that he was anxious that there was nobody yet in mind for the senior G9 post within this theme. JG to ask Dan Lasserson if he knows of anyone who may be appropriate for this role. <p>It was noted that JG will invite a AHSN representative to the next theme meeting.</p>			

	<p>Theme 2 (Professor Sallie Lamb) Health behaviours and behavioural interventions</p> <ul style="list-style-type: none"> • SL stated the theme has had a relatively good start and that she was confident that the budget for the end of this financial year would be spent by March • A Theme Away Day has been organised for February and a Partners Away Day for March 2014. • Three appointments have been made • SL stated that's she is rethinking the project of <i>'Behavioural modification programme for multiple health behaviours'</i> as a lot of the work related to NHS Health Checks. • The other two projects are progressing well with early success expected from the HTA funded low back pain project <i>'Cognitive behavioural interventions for primary care and community settings'</i>. <p>Theme 3 (Professor Ray Fitzpatrick) Patient experience and patient reported outcomes: assessment and impact on services</p> <p>RF stated that each of the three projects are supported by a research post. Two of the three research posts have been filled and Sue Ziebland and Louise Locock are planning to start advertising for the third post soon.</p> <ul style="list-style-type: none"> • <i>The development of a PROM for long term conditions. Currently the National Outcomes Framework focuses on EQ-5D. This measure needs to be complemented by indicators more relevant to patients, providers and commissioners concerned to provide effective care and self-management support for people with long term conditions.</i> <ul style="list-style-type: none"> – RF stated that this project will not be hard to get started and should be easy to build on • <i>To pilot the use of PROMs in primary care. Evidence is needed via a pilot study of an intervention to test the usefulness of PROMs to patients, health professionals and commissioners.</i> <ul style="list-style-type: none"> – RF stated that this project may change slightly now that Chema has left Oxford University. It was also noted that the project may require more realistic action research. <p>AHSN</p> <p>There was discussion throughout the theme updates on how the AHSN could align themselves with the Oxford CLAHRC, in order to roll out a sequential design of service to demonstrate a clear message to commissioners.</p> <p>The below suggestions were noted;</p> <ul style="list-style-type: none"> • Early strong evaluations to come out of well-developed models • GF stated that the AHSN are looking to disseminate 2015 onwards (Transition fund) • Engaging with the PCRN / Integrated services • RH suggested a major campaign to recruit more practices through identifying innovative practices • RMcM suggested incorporating help with the CQC Inspections (Support through policy templates etc.) 	JG		
6.	PPI (Engaging patients and the public)			
	<p>CLAHRC website</p> <ul style="list-style-type: none"> • SR stated that she had met with Justinian Habner at Oxford Health NHS FT regarding ideas for the CLAHRC website development. 			

	<p>October 2014.</p> <p>The below is an extract from the letter of agreement:</p> <ul style="list-style-type: none"> • Annual Report on the activities, and outcomes, delivered by the Knowledge Transfer Theme • To admit seven clinical and / or non-clinical staff (Fellows) into the MSc EBHC and sponsor them to complete the EBHC masters, part time, in 2 years • Fellows will complete 6 modular courses, assignments and a dissertation to develop their knowledge and skills around a specific demonstration implementation project within their own clinical network • After completion of the MSc, Fellows will have continued academic support and assistance for another year to complete, and analyse, the implementation of their demonstration project in their current setting • To evaluate projects, document and disseminate successful implementation strategies across the clinical networks • To develop a detailed communication, supervision and mentoring strategies tailored to the local work contexts of the AHSN • GF stated that Chandi was leading on these • It was suggested that these posts should be advertised with an outline of preferred areas of the Oxford CLAHRC. • There was also concern over potential overlap with the BRC • RMcM to speak to Carl Heneghan and Chandi Ratnatunga 	RMcM		
8. Any Other Business				
	<p>Coaching (Action Learning)</p> <p>The CLAHRC Implementation group have discussed Coaching briefly. SR to look into Action Learning and CB to include Coaching as a full agenda item at the next Executive meeting in January.</p> <p>It was agreed that January's Executive agenda would;</p> <ul style="list-style-type: none"> • Be extended to a two hour meeting (for this occasion only) with lunch • PPI will be at the top of the agenda • Each theme lead will produce a maximum one page update • CB to circulate a template for the theme leads to use (liaise with SR) • An Annual CLAHRC Calendar will be circulated with the Agenda. CB to produce. 	SR / CB	Theme Leads CB CB	
9. Date of Next Meeting				
	<p>The next CLAHRC Executive Group meeting has been scheduled for Friday 24th January 2014 (10.00 – 12.00) at New Radcliffe House.</p> <p>Apologies have been received from Gary Ford and Sue Dopson.</p>	All		