

	<p>Underspend (Jan – March 2014)</p> <ul style="list-style-type: none"> • RH noted that we have tight control of the budget and it is essential that we can legitimately claim that we do not have any underspend. • BW stated that the theme leads must not automatically assume that their themes underspend in each financial period will be available in the next, as it is likely to be needed to cover core costs which have been underwritten by NDPHCS. Theme leads present agreed with this. • It is essential that the theme leads communicate with BW and AG over any expected underspend. • It was noted that it is too early to look at a formal mechanism for underspend and that an adhoc arrangement will be used for reporting the first three months. <p>New Posts Job Descriptions are currently being developed for the below central CLAHRC posts;</p> <ul style="list-style-type: none"> - Health Economics - Statistician <ul style="list-style-type: none"> • The Health Economics post in the original budget was split by 4 themes (JG/RF/MS/RMcM) at 0.25 and the Statistician post in the original budget was split across the 5 themes 0.2. • It was noted that there is already an underspend accruing on these two posts • RH stated that these central posts will be run on a similar model to that of the BRC and will be located in the NDPCHS large statistical team <p>It was requested that the theme leads send their theme requirements for the above two roles to CB so that this can be incorporated into the job description and person specification. CB to circulate an email reminder for feedback by Wed 26th March.</p> <p>AG and BL to meet with Rafael Perera to discuss the statistician post and Alastair Gray to discuss the Health Economics post.</p> <p>Communications post AG stated that there has been a strong steer from the NIHR in terms of investing in communications to promote the NIHR CLAHRCs, especially over the next 12 months. A mechanism for feeding good new stories to the press is required. It was noted that a G7 Communications and Events Manager is currently being advertised within the NDPCHS and is part funded by the CLAHRC. This post will provide communications support to the CLAHRC.</p>	<p>All</p> <p>AG</p> <p>Theme Leads</p> <p>AG/BL</p>		
4.	Update from each Theme Lead			
	<p><u>Theme 1 (Professor John Geddes)</u> <u>Early Intervention and Service Redesign across organisational boundaries</u></p> <p>1. Effectiveness of interface medical units Emergency Multidisciplinary Units (EMU). Research questions: Does integrating mental health expertise into comprehensive geriatric assessment delivered in interface settings reduce medical admission, bed usage, sedation, carer stress and subsequent care home placement? Target population: Older people (>65) attending EMU for assessment. Setting: Emergency Medical Units across Oxfordshire. Study design: an interrupted time series (ITS) with an economic evaluation. For the ITS data are being collected prior to the implementation of EMU, and at a number of time points following the implementation of EMU. Outcome</p>	<p>JG</p>		

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CLAHRC Host Organisation – Oxford Health NHS Foundation Trust



National Institute for Health Research

	<p>measures: 1. Difference in acute bed days, as total and separated by index admission and readmissions, between two time series, interrupted by the implementation of EMU provision. Bed days are for acute general medical admissions in patients >65 years for three months after community presentation in the EMU catchment area with illness requiring hospital admission/EMU attendance. 2. Difference in rates of conversion from hospital admission to care homes as well as total new care home placements between the two time series. 3. Difference in total healthcare costs between the two time series for provision of healthcare (primary and secondary care costs in time 1, primary, EMU and secondary care costs in time. 4. Qualitative analysis of change in team culture through the introduction of integrated care model.</p> <p>2. Effectiveness of integrated physical and mental healthcare in-reach teams in care homes. Research questions: Does combining the expertise of pharmacy, primary care and community mental health team staff in a single in-reach team improve the physical and mental health of residents of care homes? Target population: People with dementia in care homes in Oxfordshire and Buckinghamshire Setting: Care homes in Oxfordshire and Buckinghamshire. Study design: Randomised, stepped wedge introduction of new integrated care team into care homes. Outcome measures: 1. Difference in antipsychotic prescribing rates 2. Effect on patient experience 3. Rates of acute general hospital admission, length of admission, cost effectiveness.</p> <p>3. Effectiveness of a youth mental health service. Research questions: What are the effects of a combined youth service for young people from the ages of 14-24 on the detection and early treatment of young people with a first episode of psychosis? What are the effects on the patient and carer experience of mental health services? What are the effects on the team culture of bringing adult and child mental health teams together? Target population young people aged 14-24 presenting to mental health services in Oxfordshire and Buckinghamshire Setting: 5 new youth community mental health teams. Study design: Randomised, stepped wedge introduction of new service model, with economic evaluation. Outcome measures: 1. Quantitative measures: reduced duration untreated psychosis, improved detection rates of psychosis in 14-24 year olds, reduced use of other services, improved health and social outcomes, cost effectiveness. 2. Qualitative measures: change in team culture, beliefs and attitudes towards serious mental illness. Patient and carer experience of mental health services.</p> <ul style="list-style-type: none"> • All projects are on schedule. Theme level meetings and study level set up meetings are underway • Study 3. Link made with West Midlands CLAHRC, who also have youth mental health theme, to explore cross-CLAHRC working • Study 2. Approach made from Bedfordshire Council who also have funding from DH for care home environment project, and want to join our evaluation, with possibility of matched funding • There is an additional project that can be aligned with theme. Opportunity has arisen from Oxford Health winning a tender for school nursing in Oxon and reorganising service with introduction of mental health assessment teams into Oxon schools. Project lead Dr Mina Fazel, Dept. Psychiatry NIHR Postdoc fellow. Allocated resource within theme of 0.3 WTE post doc researcher. • Existing staff member in PCHS has agreed to move into senior post doc post. • Dr Louise Harriss 0.3 WTE post doc researcher for schools project 			
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	<ul style="list-style-type: none"> • Posts with Said Business School not finalised/advertised yet, due to necessary change in structure (AHSN matched funding not available). There will therefore be slippage in appointment to these. • It was noted that there is extra matched funding from Bedfordshire council. <p>Outputs Project 1 - Meeting with Monitor in early April to discuss EMU model Project 3 - Presentation to Oxford Health executive and approval of new service model</p> <p><u>Theme 2 (Professor Sallie Lamb)</u> <u>Health behaviours and behavioural interventions</u></p> <ol style="list-style-type: none"> 1. Implementation of effective treatments for low back pain 2. Review of effective interventions for behaviour change alongside the NHS Health Check 3. Exercise interventions for dementia <ul style="list-style-type: none"> • All projects are on schedule and finances are on target • Three junior researchers have been recruited • Originally SL had planned to carry out a systematic review to investigate the effectiveness of different modes of delivery of brief health checks, but this was recently published by another group. Instead SL has decided to undertake a scoping review to determine where we might best be able target a contribution. • The theme has been engaging with PPI on individual projects, and are in the process of deciding how best to engage PPI at the theme level. <p>Outputs</p> <ul style="list-style-type: none"> • Publication in Biomed Central, related to compliance and implementation of LBP interventions, to which the CLAHRC has contributed. BMC Musculoskeletal Disord. 2014 Jan 14;15:17. doi: 10.1186/1471-2474-15-17. Treatment compliance and effectiveness of a cognitive behavioural intervention for low back pain: a complier average causal effect approach to the BeST data set. Knox CR, Lall R, Hansen Z, Lamb SE¹ <p>There was discussion around the NIHR acknowledgement guidelines. CB to send to the theme leads for inclusion on any outputs. SDa to check with SL that the CLAHRC acknowledgement has been used within this paper.</p> <p><u>Theme 3 (Professor Ray Fitzpatrick)</u> <u>Patient experience and patient reported outcomes: assessment and impact on services</u></p> <ol style="list-style-type: none"> 1. Development of PROM for long term conditions 2. NHS engagement with PROMs PREMs 3. Uses of patient feedback by health economy <ul style="list-style-type: none"> • All projects are on schedule • Staff for projects 1 and 2 are due to start on the 1 April 2014 • John Powell and Louise Locock are in the process of advertising the post for project 3 • RF highlighted that he will need some non-staffing research costs which is why he would like to carry his underspend forward into the next financial period. 	SL		
		CB SDa		
		RF		

	<p>Overarching cross-cutting work</p> <p>6. Underpinning Technology (Lead Lionel Tarrensenko)</p> <p>7. What are the key factors related to the successful or unsuccessful adoption of technology-based approaches to self-management in the NHS? (Academic leads: John Powell and Sue Dopson)</p> <ul style="list-style-type: none"> • Projects 1,4 & 5 are on schedule; we have appointed DPhil students in 1 & 4 • Projects 2 & 3 – Dphils were delayed by the university matching process and are trying to recruit candidates for October 2014 • We have appointed an Research Fellow to the overarching programme <p>It was agreed that full names of the post holders will be included on future reports so that a contact directory can be created.</p>	All / CB		
5.	Communications & PPI Update			
	<p>Website</p> <ul style="list-style-type: none"> • AG stated that we have a website framework in place • CB to circulate the School for Primary Care Research link as additional information to the theme leads regarding website copy. • We are currently exploring pulling the publications through symplectic (currently used by the BRC) • It is expected that the website will be live by Easter <p>Launch Event</p> <p>It has been agreed that a 12 month in Oxford CLAHRC launch event will take place in January 2015.</p> <p>PPI Coordinator post</p> <ul style="list-style-type: none"> • SR stated that the School of PCR board have confirmed that they do not require a linked PPI post and is currently in discussion regarding a central department PPI post • Following discussion, the Executive Group agreed that we would appoint to a 0.5 central function (aiming for University G7). • Theme leads to read and highlight/annotate the JD and specifically let SR know whether there are additional functions that you want, things that you don't want or specific outputs. Theme leads to send this to SR (copy CB) by Wed 26th March. • It was suggested that the JD needed to be further operationalised by looking at the main duties and actual functions required from the post. • It was suggested that the theme leads are involved in the appointment of this post. • It was noted that this post will need to be underwritten from the NDPCHS as we do not have budget for this in the CLAHRC. Any underspend is likely to go against this post. 	CB Theme Leads		
6.	Any Other Business			
	<p>Scientific Advisory Group</p> <p>It was agreed by the Executive board that an independent panel in the form of a scientific advisory board would be a useful peer review external function.</p> <p>This independent panel will have the oversight of the research activity in the themes, and will provide advice to the Director on the programmes, and in particular on their</p>			

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<p>academic quality. The panel will also be asked to oversee the adoption of future research or implementation themes into the CLAHRC, to ensure continued high academic standards. The panel will consist of industrialists and academics with a world-class reputation in applied health research plus patient and public representatives. The Scientific Advisory Board will meet annually, and will report to the CLAHRC board through its chair, who will also sit on the CLAHRC board. William M. Burns, recent CEO of Roche Pharmaceuticals and Chairman of Health Innovation Challenge Funding Committee for the Wellcome Trust has agreed to chair the SAB and Professor Dietrich Grobbee, FRS Netherlands has agreed to serve as our international applied research expert.</p> <p>RF suggested that Professor Graham Thornicroft be considered as a CLAHRC Director who has expertise on RCT Evaluative study design.</p> <p>It was noted that Prof Thornicroft is also a Director of the NIHR CLAHRC South London and Professor of Community Psychiatry at King's College London as well as on the CLAHRC Scientific Advisory board in Cambridge.</p> <p>Geraldine Strathdee (National Clinical Director for Mental Health) was also suggested. It was agreed that BL will contact Geraldine Strathdee and invite her to join the board, ahead of Graham Thornicroft.</p> <p>SR to create a role description for lay members of the Scientific Advisory Group.</p> <p>The NIHR Infrastructure Training Forum</p> <p>Included in the remit of NIHR funded Infrastructure is a commitment to 'build research capacity'. In most cases the infrastructure have interpreted this remit as developing the next generation of researchers through doctoral training but a range of other activities are also taking place. To facilitate joint working, the NIHR has asked that each individual institution in the infrastructure appoint a Training Lead. Together these individuals are the NIHR Infrastructure Training Forum.</p> <p>The aims of the Infrastructure Training Forum are:</p> <ul style="list-style-type: none"> • to develop and promote excellence in Training and Capacity Development • to develop bespoke training events, resources and materials • to provide a platform for sharing best practice and progress in training methods. <p><u>The NIHR Infrastructure Training Lead:</u></p> <p>The overall purpose of the Infrastructure Training Lead role is to provide academic leadership to NIHR trainees in their individual centre in order to ensure that NIHR trainees:</p> <ul style="list-style-type: none"> • actively develop their careers during their training; • are aware that they are funded by NIHR and; • have an understanding of the training and research funding opportunities that NIHR offers as their career develops. <p>Specifically the Training Lead will be:</p> <ul style="list-style-type: none"> • Formally identified and recognised within their institution – named in any training materials, induction packs and other communication tools used by the institution in their work with NIHR trainees • Expected to sit on the appropriate board or management committee for the NIHR institution they are representing • Formally recognised by NIHR by inclusion on a national register/directory of NIHR training leads; Act as a contact for other NIHR training leads seeking training or development opportunities for their NIHR trainees in that part of 	<p>BL</p> <p>SR</p>		
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	<p>the infrastructure</p> <ul style="list-style-type: none"> • Known to NIHR trainees as the individual (in addition to formal supervision arrangements) from whom they can seek advice about their development needs and NIHR related opportunities. This activity should involve formal interaction with NIHR trainees either individually or as a group • Responsible for the timely collection and reporting of information on NIHR funded trainees to NIHR • Proactive in sharing local good practice across the infrastructure; and contribute towards, the training and other capabilities available within the infrastructure • An active participant in the Infrastructure Training Forum. <p><u>Working with DH Infrastructure and Growth team:</u> A key aspect of the Training Lead role is to provide a single point of contact for the DH team on all academic training matters. As well as the annual data collection about training, the DH team may occasionally need other information to supports its policy development work. The DH team role is to support the NIHR Infrastructure Training Forum, it's Chair and the Training Leads in their work and to provide a point of contact into the NIHR.</p> <ul style="list-style-type: none"> • It was noted that Chris Pugh and Denise Best were named on the original application as training leads and that this would be discussed with them. • MS volunteered to be the training lead within the Executive Group. <p>Training & Development There have been a number of discussions about what sort of activities/topics might usefully be provided as development opportunities for the themes. SR/SD have produced and circulated a quick survey to capture the interests of the theme leads and their members. SR has requested that responses are received by Tuesday 8th April.</p> <p>It was agreed that the involvement with the Said Business School will be kept as a standard agenda item.</p> <p>Report template It was agreed that the theme lead reporting template would be amended to group Personnel, Finance and Matched Funding updates together.</p> <p>COPD Collaboration with North West London Ganesh Sathyamoorthy (Assistant Director for Partnerships and Business Development) has been in contact with RH about a potential collaboration (see separate overview). It was agreed that RH would meet with GS to see what we can negotiate as it is a mandate to work closer with other CLAHRCs.</p>	<p>BL</p> <p>Theme Leads</p> <p>CB</p> <p>CB</p> <p>RH</p>		
7.	Date of Next Meeting			
	<p>The next CLAHRC Executive meeting has been scheduled for Tuesday 3rd June 2014 (13.30 – 15.00) at New Radcliffe House.</p> <p>Please note that the meeting on the 28th April has been cancelled.</p>	<p>All</p> <p>CB</p>		