



ACADEMIC HEALTH SCIENCE CENTRES SPECIFIC THEME / WORK PROGRAMME

1. DETAILS OF THE PROPOSED ACADEMIC HEALTH SCIENCE CENTRE (AHSC)

Name of the English NHS Provider/University Partnership:

Cambridge University Health Partners

2. THEME / WORK PROGRAMME

2.1 Name of the theme/work programme.

Theme 6. Service innovation and quality improvement

2.2 Aims and objective of the theme/work programme.

CUHP will undertake a programme of service innovation and quality improvement. This will focus on clinical priorities identified on a basis of burden of disease, risk of harm, and the potential for improved patient care: Long Term Conditions (Cardiac, Stroke, Diabetes, Chronic Respiratory Diseases, Cancer), Mental Health (with particular emphasis on dementia) and Patient Safety. The objective is to undertake nationally recognised high-value service innovation projects.

CUHP, through its leadership of the developing EAHSN, has identified a shared set of strategic objectives for service innovation and improvement, with clear 18 month deliverables and ambitions for a five year work programme. CUHP has implemented a number of large scale change cross-organisational projects (stroke, PPCI and major trauma) to benefit a population of 4.8 million across the East of England and will draw on this recent experience.

2.3 Description of how the proposed theme or work programme will contribute to the aims of the AHSC.

For each clinical priority area, a Clinical Study Group (CSG) has been established, with clinical and academic leadership, professional programme support, and representation from across the network, including primary care and commissioners and service users. The programmes greatly benefit from the academic strength and breadth of the Cambridge Institute of Public Health, based on the CBC and the adjacent Strangeways site. CUHP clinical and academic staff have extensive involvement in the programmes, as follows:

- Cardiac disease (CSG lead Dr Sarah Clarke, PHFT)
- Stroke (Dr Elizabeth Warburton, CUHFT)
- Cancer (Professor Timothy Eisen, CUHFT, UoC)
- Mental Health, focusing on dementia in the first 18 months (Professor Peter Jones, UoC, CPFT)
- Diabetes (Dr David Simmons, CUHFT)
- Chronic Respiratory Disorders (Dr Jonathan Fuld, CUHFT)

We have agreed to adopt the US Institute of Medicine's internationally recognised definition of quality which

is: “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”. We also support its six dimensions of healthcare quality, that healthcare must be: safe; effective; patient-centred; timely; efficient; and equitable. Each of the CSGs and their proposed projects will be assessed according to these criteria. Each CSG has reviewed the evidence of best practice and unexplained variation in patient outcomes using information from national data sources and the Eastern Region Public Health Observatory (ERPHO). This work formed the basis of the agreement between NHS England and the EAHSN, one of eight AHSNs to receive a licence without conditions from NHS England in May 2013.

In addition to work of the CSGs (the major part of our work) cross-cutting themes will also contribute to the tripartite mission:

1. Patient and Public Involvement. CUHP is committed to engaging and involving patients and service users as a major resource in high quality healthcare. NHS Inpatient Surveys (2002-2011) have all shown that >45% of patients would like more involvement in their care. Patients are the ones who see the whole patient journey, across all the artificial administrative and institutional boundaries created by the distinctions between primary and secondary care, professional demarcation lines and health and social care. The correct diagnosis of patient preferences, the development of shared decision making and self management will be an important element of the service innovation and quality improvement programme. These brief accounts serve to illustrate:

a) Shared Decision Making in Urology

Shared Decision Making is a process in which patients, when they reach a decision crossroads in their health care, can review the treatment options available to them using current, clinical information, relevant to their particular condition, patients will be helped to work through any questions they may have, explore the options available, and take a treatment route which best suits their needs and expectations. Two shared decision aids have been produced for the management of early localised prostate cancer. The background is that treatment choices for men diagnosed with localised prostate cancer are very difficult to make and should be heavily focused around the wishes of the patient and their family. As a consequence a committee was set up by the Department of Health and chaired by Dame Mary Archer to produce a shared decision aid. This involved international experts from Boston in the US and Ontario in Canada working in public health, medicine and nursing research; and a panel of UK experts, again including patients, nurses and doctors. Professor David Neal led colleagues and patients in the final draft with respect to the management of its benign counterpart – namely benign prostatic hyperplasia. NHS Direct. Localised Prostate Cancer: Decision Aid (accessed 2012): <http://www.nhsdirect.nhs.uk/DecisionAids>

Directly related to this work on shared decision making, the ProtecT trial is the only study in the world which has directly compared a conservative approach for the management of early prostate cancer (Active Monitoring) in the context of a RCT involving radical treatments.

Active Monitoring has now been adopted and adapted internationally through the use of additional biopsies into a management protocol known as active surveillance. The evidence review base for the NICE guidance (5: CG 58) explicitly referred to the ProtecT trial. Critically, these conservative approaches were incorporated into the NICE Guidance and later clarified through a joint statement with the British Association of Urology. Importantly what CG58 stated was that men with low prostate cancer should be offered such conservative approaches in addition to radical treatments. The ProtecT trial has underpinned a medico-political decision within the NHS as to whether to introduce screening for prostate cancer.

b) Self-management in Chronic Obstructive Pulmonary Disease (COPD)

Self-management refers to the individual's ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a long term condition. Over two thirds of all healthcare resources in the UK are currently spent treating people with long term conditions. CUHFT has been one of eight UK sites, supported by three grants from the Health Foundation Co-Creating Health Programme, CUHFT being one of four sites to receive further funding in October 2012. The CUHFT programme is based on the Wagner model of Chronic Diseases and sets out to align patients, clinicians and health systems, changing the relationships between people and health services. Taking a whole system approach to improvement, Dr Jonathan Fuld, Consultant Respiratory Physician CUHFT, has led a four year multidisciplinary project for patients with COPD and clinicians, implementing the self management and expert patient approach. Evaluation included quality of life along four dimensions (dyspnoea, fatigue, emotional function, mastery) for people living with long term lung disease.

2. Integrated Care CUHFT and CPFT are working with MITIE, a home-based care services provider, a

range of other organisations and existing partners within the local health economy, to develop a bid that delivers integrated services responding to the needs of adults and older people in Cambridgeshire and Peterborough. We are committed to developing an integrated solution that is innovative and flexible promoting independence and tailoring services to the needs of the individual and the local community.

A major component of the service model proposed will be directed at maintaining the health and independence of patients aged over 65 in order to prevent hospital admissions and loss of independence. Our model of care focuses on the concept of a single point of contact that provides both a reactive and proactive service 24/7 to support patients in the right care setting

3. Patient Safety The quality and safety of patient care override all other priorities for CUHP and underpin all our education and research. We have brought together a multidisciplinary team to build on existing work in CUHP and across the EAHSN to facilitate research that will lead to a greater understanding of the knowledge, tools and innovative approaches required to engineer safer healthcare systems. Professor John Clarkson, Professor of Engineering Design, UoC has assembled researchers from engineering, healthcare, management, psychology and social science to work together with healthcare providers, patients and carers. The work has involved a programme for organisational development orientated toward identifying human factors in patient safety, looking at the admissions, treatment, discharge pathway and taking a particular interest in the care of older people with co-morbidities. Working with Professor Sir Michael Rawlins, Chair of EAHSN, and Professor Soraya Dhillon, Professor of Pharmacy and Dean of the University of Hertfordshire we are exploring the introduction of a standardised adult drug chart and its integration with electronic prescribing and decision support software.

2.4 Description of how the proposed theme or work programme will contribute to the further integration of research, health education and/or patient care and how this will lead to improvements in patient care.

All the service improvement and innovation projects have an embedded assessment based on Health Outcomes and Health Economic impact. Examples given in 2.3 (above) illustrate the engagement of patients as an important resource to improve the six dimensions of healthcare quality. These projects demonstrate integration of research, health education and service innovation and how these will lead to improvements in patient care. Clinician, patient and service user education feature strongly throughout as does innovative system and pathway redesign. CUHP is aligned and strongly supportive of to the new NIHR Local Clinical Research Network LCRN, and the work of the Primary Care Research Network.

2.5 Description of how the theme/work programme will involve and enhance multi-disciplinary and multi-professional working.

All CSGs projects described are multidisciplinary, cross-organisational and bring together clinicians from primary and secondary care, professional managers, service users and patients, and commissioners. Many of the projects have third sector involvement from the major health charities and the integrated care proposal also has social services, community services and local government involvement. Several projects have industry partners.

2.6 Description of leadership and key individual and organisational contributors with responsibility for delivering the theme/work programme.

The service innovation and quality improvement theme will be managed by Sally Standley, who is accountable to Professor Patrick Maxwell, Executive Director, and the CUHP Board. It involves close coordination and a leadership role in the following:

Eastern Academic Health Science Network (EAHSN). CUHP is a lead partner (see section 9 of the main application). Sally Standley is the Director of the Cambridge and Peterborough node of the EAHSN and a CUHP board member, with specific responsibility for the innovation and improvement projects. Professor Martin Roland, Professor of Health Service Research, UoC, is also a Director of the EAHSN and the lead clinical academic for the Cambridgeshire and Peterborough node. Professor John Clarkson, Professor of Engineering Design, UoC, co-leads the EAHSN Patient Safety programme. Dr Sarah Clarke, Consultant Cardiologist, PHFT, leads the Cardiac CSG for the EAHSN and is accountable for its delivery. Professor Sir Michael Rawlins is the Chair of the EAHSN and Dr Robert Winter is Managing Director with overall responsibility for delivering the work programme.

NIHR Collaborative for Leadership in Applied Health Research and Care (CLAHRC). The Director of

CLAHRC East, Professor Peter Jones (Professor of Psychiatry UoC, and CPFT) is a director of CUHP and has overall responsibility for delivering the theme work/programme. The research themes and research infrastructure of CLAHRC East have been developed to support the CSG clinical priorities of 1) Dementia and mental health, 2) Long term conditions and 3) Patient safety. The development of research opportunities and the translation of research into practice are fundamental objectives for CUHP, working in partnership with CLAHRC East and the EAHSN.

Strategic Clinical Networks and Clinical Senate. CUHP has worked closely with the Strategic Clinical Networks and the Clinical Senate to clarify each others' roles and avoid duplication of effort and mission. We have agreed appropriate cross representation on our working groups to ensure effective partnership working. In particular, we have ensured that the membership of the CSGs and the Strategic Clinical Networks is closely aligned.

Health Education England and Workforce Partnership Groups. Our relationship with Health Education England, the Local Education and Training Boards (LETBs) and the local Workforce Partnership Groups will be critical to our success, since most service innovation will require changes to working practices and, potentially, the development of new roles and new educational and training programmes. We have agreed appropriate cross representation on our governing bodies and working groups to ensure effective partnership working.

Industry. Real partnership working with industry and non-NHS partners will be a critical component of our work. CUHP working with the EAHSN will develop a governance structure in order to work with the breadth of the life science sector in a manner that is transparent and inclusive. This recognises that the span ranges from small to medium sized companies in the medical technology sector to the global leaders in pharmacy and drug discovery as well as all those that sit between. Our approach will also seek to include our regeneration partners – the Local Enterprise Partnerships and key sister agencies such as UK Trade and Investment (UKTI).

If you have questions about the completion of this form please e-mail Sonja Tesanovic at sonja.tesanovic@nihr-ccf.org.uk.

This form, together with other requested attachments must be submitted by **1:00pm on 30 September 2013**.