The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Patricia Wright, CEO	Decision		High	Med	Low
CONSULTATION:	Information	√			√
	REPORT TYPE:		RELATED WORK:		
	Strategic	√			
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CQC Essential Standard Reference:					
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Meeting Date: 29 October 2012
Report Title: Academic Health Science Networks – Local Arrangements

Purpose: The purpose of this paper is to inform the BOD about the development of the Eastern Academic Health Science Network and the QEHKL role in this.

Summary: See paper

Financial Implications / Efficiency Savings / Quality Improvement: None currently

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√					√

Recommendations:
The Board of Directors is asked to note the report.

Author Patricia Wright, CEO
Date 24 October 2012

Academic Health Science Networks – Local Arrangements

1. INTRODUCTION

The Board received a report in September 2012 outlining the national approach to, and timetable for, the development of Academic Health Science Networks (AHSN).

This paper outlines the local approach to the development of an AHSN in East of England and The QEHKL involvement in it.

2. Eastern Academic Health Science Network (EAHSN)

A prospectus for the EAHSN was submitted to the DOH on 30 September 2012. The executive summary from the document is outlined below and the proposed structure is presented diagrammatically in Appendix 1.

2.1 Executive summary

The Eastern Academic Health Science Network (EAHSN) will bring together universities, hospitals, mental health services, primary care, clinical commissioning groups, public health, social care, the voluntary sector and industry, translating world-class research into improved patient care, thus driving economic growth.

The EAHSN will be an energised, proactive and non-hierarchical organisation, working across four large, established biomedical and clinical communities, with a clear commitment to drive sustainable improvements, through partners with a track record of excellence in research, teaching and education, health services and industry.

Cambridge University Health Partners (CUHP), as one of five designated Academic Health Science Centres, will be a member of the EAHSN and will bring expertise, particularly in relation to the first transitional gap (linked to the NIHR Biomedical Research Centre), the application of genomics, fundamental biomedical discoveries and population health sciences.

The EAHSN will innovate and evaluate in ways of healthcare delivery, which will include more effective working between primary care, secondary care and social care to develop a new paradigm, with focus on ambulatory, more integrated care, personalised medicine, 7/7 working and improved quality with less unwarranted variation.

EAHSN will initially work across three areas of clinical priority: dementia, long-term conditions (cardiovascular disease, cancer, diabetes and chronic respiratory diseases) and patient safety, with clear deliverables for quality and outcome in each, to make healthcare across the EAHSN more joined up for patients, achieving better, safer, more cost effective services.

The EAHSN will use strengths in public health, research, innovation, education and service improvement to address health inequalities and improve patient and population health outcomes. The EAHSN will bring academics and providers together in order to develop trusted, actionable information systems, linked to research databases, to drive a culture of quality improvement, to promote and implement the most clinically and cost-effective treatments.

The EAHSN will link research to health outcomes through improved delivery by working with partners, breaking down barriers, bridging the gap between research and implementation,

thereby achieving the goals of Innovation Health and Wealth. In this, initial priorities will be to streamline and simplify the arrangements for research, to bring innovation that benefits patients more rapidly into practice, with proportionate governance.

The EAHSN will establish broader and deeper relationships with industry, building on existing partnerships with globally renowned research departments and institutes, and leading companies in growing markets. The EAHSN will extend our established and successful Small Business Research Initiative (SBRI) and work with Health Enterprise East, our leading innovation hub, and technology transfer enterprises to secure the region as home to the largest and most successful life science cluster outside the United States and to sustain it for the future by deepening international business links for the export of products and services.

The EAHSN will create a focused and accountable professional system with clinical and academic leadership at its heart that will nurture innovation and drive excellence in health and care.

The EAHSN will be a flexible organisation, seen as committed to working in partnership to achieve its goals and to form productive links with other AHSNs, the National Commissioning Board and the emerging organisations in the NHS.

3. UEA Healthcare Partners

UEA Healthcare Partners (UEAHP) is a group comprising the CEOs from Ipswich, JPH, QEH, NNUH, NMHC, SMHC, NCHC, East Coast Healthcare, and representatives from SERCo and UEA. This alliance has been formed to create a Node in the north of the EAHSN.

4. Next steps

4.1 The EAHSN will be invited to present its case to a panel during November 2012. Assuming that it gets through the next stage of the process, it is expected that the network will be operational from April 2013.

4.2 Some start-up funding has been allocated from the centre to support the establishment of the EAHSN and the Nodes.

4.3 The UEAHP partners have been meeting since earlier this year on an informal basis and since Oct 2012 have established a weekly teleconference to progress the development of the Node.

4.4 Dr David Crossman has agreed to adopt the role of accountable officer for the Node until a permanent role is established and it is proposed that we appoint a Chief Operating Officer to support him.

4.5 Clinician-led working groups are being established in:

Dementia
Diabetes
Stroke
Cardiac
Respiratory
Oncology
Patient Safety

Dr Peter Young will be the lead clinician for the Respiratory Group on behalf of the Node and each of the other groups will have a representative from the QEHKL

4.6 An appropriate organisational form and governance arrangements are being discussed with advice being sought from organisations that have already established healthcare partnerships.

5. Conclusion

AHSNs are an exciting opportunity to develop strong clinical and research partnerships across health and healthcare. The QEHKL is a key player both in the development of the EAHSN and the UEA Healthcare Partners Node.

The BOD is asked to note the report and to receive updates as the work progresses.

Appendix 1: see separate page