



Quarterly Membership Meeting Report



Health Education South London



Health
Innovation
Network
South London

The South London Membership Council (SLMC) held their first joint membership council of the year with around 40 members on 24 February at St Thomas' Hospital Governors' Hall - which as you will read if you weren't able to attend - was a very broad and fascinating meeting.



Chris Streater Managing Director Health Innovation Network (HIN) gave an update on the HIN programmes of work since the last SLMC meeting in October including the progress made in MSK and the successful Great Escape event held in Coin Street. Chris spoke about the launch of the Escape website which is really helping to spread the word. And he said the adoption of Escape has been well received by CCGs and commissioners and its scope is expanding into back pain and hip pain.

“A particular highlight since we last met, is the Diabetes Collaborative for patients which is all about getting people together in the same room with the same purpose.”

Chris explained the aim is to improve outcomes for patients with Type 1 diabetes across South London through access to appropriate technologies. The HIN established the Diabetes Improvement Collaborative, with support under joint working arrangements with insulin and insulin pump manufacturers. The HIN will report back in Autumn and present findings to NICE on how the collaboration is going.

In the area of Patient Safety, Chris explained the No Catheter, No CAUTI initiative was being taken out to the care home setting. In the area of alcohol, the main focus is 'identification and brief advice' and 'alcohol related frequent attenders' and Chris re-emphasised the importance of dementia toolkit, My Brain Book, which is now moving to the next phase of development.

“There is a mental health component in a lot of what we are doing and we are looking to incorporate a mental health component in all our areas of work.”

Hin is continuing to work towards the NHS Five Year Forward View, in working across the whole system to break down silos and explore new and innovative commissioning methodologies.

As a number of current HIN projects mature, there is an ongoing need for dialogue with members surrounding development of new projects and priorities.

Aurea Jones Director, Health Education South London, gave an update on nursing recruitment and an update on CEPNs - which stands for Community Education Provider Networks which are collaborative networks of education and service providers. Aligned by geography, members of the CEPN network work together to educate and train the current and future workforce to support the delivery of population health outcomes. Aurea explained there are 10 CEPNS in place with Kingston and Sutton in discussions to set up as well.



Graeme Jeffs Head of Workforce Development, Health Education London, posed some debate points around how we will work to deliver the workforce to provide for the healthcare needs of South London's population. This generated some interesting points with many candidates saying it was difficult for some staff to attend 'classroom training' and that ideally community based learning should be the way forward and to essentially 'bring the University to practice'.

Graeme also went on to explain that March 4 sees the launch of Talent for Care - which is a national strategic framework for the development of the support workforce in the NHS. Led by Health Education England, Talent for Care is a partnership with the National Skills Academy for Health, Skills for Health, NHS Employers and NHS trade unions.



Zoe Lelliot Health Innovation Network, Deputy Director Strategy/ Research & Development, gave an overview of new priorities for 2015-16 and gave some examples of projects, including new technology for foot health in the area of diabetes, in dementia education and support for carers and exercise post diagnosis initiatives are being developed. Improvement networks are being developed to tackle frequent alcohol attenders to A&E. Staff health and wellbeing and obesity will be a new area of focus.

In patient safety, a collaborative has been developed to reduce catheter UTIs. Zoe explained the importance of project shortlisting fitting in with NHS England priorities and being measurable.



Eric Barratt Health Innovation Network Project Manager, gave an update on the recent Health Innovation Network and King's Health Partners staff and health wellbeing conference, held at the Oval Cricket Ground. Eric also spoke about some interesting staff health intervention accreditations in practice through other organisations, such as the Mayor of London's Healthy Workplace scheme and the Department of Health's Public Health Responsibility Deal. He also spoke about some interesting measurement tools and apps, such as the London School of

Economics free wellbeing app, mappiness.org.uk. Tables were asked 'What other initiatives and good practice are you aware of or already involved in, that we should be sharing and promoting?' and 'What support would you like to help adopt

these initiatives?' Members fed back suggestions such as making the interventions part of a daily routine in the workplace, to using the staff survey to better engage staff as well as taking up a healthy workplace kitemark, much like the Investors in People logo or the Mayor of London Healthy Workplace scheme.

Eric has also laid down the challenge between the Health Innovation Network and Health Education South London to see who is the fittest and will be reporting the verdict at the next meeting in June. Gulp!



Professor Fiona Ross Health Innovation Network, Senior Responsible Officer (Education) introduced the section ' Making Health and Social Care Better...

How can Education and Training Help?' which included an update from Health Innovation Network's Senior Programme Manager Laura Spratling on current education and training initiatives - Health Innovation Network (HIN) and CLAHRC South London, including Innovation Fellows - in all the clinical themes (2 joint with CLAHRC South London) - plus the need for patient safety.

There was an update on the Darzi Fellows and their focus on service user involvement/patient experience, based in clinical programmes and supported by development programme. There was also an update on the Internship Programme - with 5 interns placed and more in the pipeline.



Dr Stephanie Fade Director of What Matters Cubed, spoke of a mapping project she undertook in 2014 looking at current education and training support and improvements that could be made. She explained that perhaps one of the hardest obstacles to overcome is that people find it hard to get protected time and funding for improvement/learning about improvement and developing research skills to assess impact.

She went on to say there was a good range of courses and fellowships of relevance to Improvement Science and Service Improvement (Download the document below)

<http://www.hin-southlondon.org/resources/Courses%20and%20Fellowships>

She also said it was hard for some students to identify the courses with such a minefield of terminology which needs to be simplified.

Since the mapping exercise there has been funded development of MSc Implementation and Improvement Science led by King's College London in

collaboration with KSGUL. Short courses based on findings from the mapping work are being developed and Implementation Science Masterclass – takes place Monday 1 and Tuesday 2 June. There is also a Patient and Public Involvement Event – Saturday 7 March. Visit <http://www.clahrc-southlondon.nihr.ac.uk/events/2015>

Stephanie also spoke on education initiatives to support the elimination of Catheter-Associated Urinary Tract Infections (CAUTIs), with an event scheduled for the 21 May designed to come up with a plan to tackle the problem.



Danielle Fullwood Darzi Fellow, gave a fascinating presentation on supporting the health needs of our armed forces, why it was an issue, and how we will need to upskill some of our existing regular forces to medical roles, for example, a career as a paramedic. Current military medic competencies are not aligned to any civilian health care role, and Danielle posed the questions, What role could a defence medic do in the NHS? How can the original military medic be upskilled?

Danielle went on to explain the term veteran describes any person who has served in the military. The average age of veterans in the UK is decreasing. 16.7-19.6% of veterans have mental health issues. Anxiety, depression and personality disorders are the most common diagnoses. Most common physical issues experienced are hearing loss, back and joint pain, headaches, sleep disturbances, dental problems, skin disorders, allergies, respiratory tract infections, high blood pressure and hyperlipidaemia (raised serum levels). There was some table discussion around what could be done to employ veterans into the NHS and overcoming some of the many barriers and what 'bridging' measures could be introduced. In summary, Danielle said we need to raise health care professionals' awareness of veterans health needs. We are promoting Royal College of GPs e-learning package.

Promoting Royal College Of General Practitioners e-learning package
<http://elearning.rcgp.org.uk/course/info.php?id=87>



Professor Peter Littlejohns Deputy Director, CLAHRC, – Collaboration for Leadership in Applied Health Research and Care South London, said, the aim of CLAHRC is developing the evidence base for adopting and spreading best practice through applied health research of the highest scientific quality ie. Implementation science. CLAHRC is taking the research base for what works and taking it into routine practice. Peter went on to say there are now 13 CLAHRCs across the country. He went on to explain that a Patient and Public Involvement Strategic Oversight Group has been established and that a Patient and Public Involvement day is taking place

on Saturday 7 March. Another date for the diary is the Patient, Public and CCG workshop 22 April.

CLAHRC South London has recently established a 'Centre for Implementation Science in order to support research and promote the value of implementation science to healthcare organisations across the world.



Prof Richard Baker Chair, Health Innovation Network, introduced the Genomes presentation and also thanked HIN's Chris Streather who will be leaving the HIN at the end of March, for his commitment and passion and pulling together a great HIN team. He went on to say, "We are right in the middle of a genomic revolution...if we can get the pattern of someone's cancer or tumour, we can turn it on its head." He went on to talk about the need to handle genomes in the right way and the huge clinical, psychological and sociological benefits.

Eleven different organisations have now come together to form the South London Genomics Medicine Centre; a very exciting development for the region. Genomics is very much a global race, with the USA and China investing considerable sums in genomics research, so collaborations will be crucial if the region is to stay 'ahead of the game' in the sector.



Stuart Pritchard Director of Development, Genetic Alliance UK, explained how there were 3.5 million people in the UK affected by rare diseases, 75% of which are children. Stuart went on to explain how genome sequencing is 'enormously powerful in making people have progress with their life.' He also spoke about recent events run by Genetic Alliance UK, Geneseq Week, run on Twitter and a film about Huntingdon's disease, called 'Do you really want to know?' and spoke a bit about the benefits of genetic counselling for patients on the benefits of being able to know or otherwise, if they are likely to develop a disease.



Dr Diana Hamilton-Fairley Clinical Advisor, spoke very briefly about genomics saying, “We have no idea where its going to take us but a lot of places and fast.” Diana compared genomics to the world wide web and said everybody is going to be asking about genomics and we don’t want staff to be panicked.”



Dr Kate Tatton Brown St George’s University of London and NHS Foundation Trust, gave an interesting presentation on genomes and some of the challenges facing health care professionals working in this area. She explained that there is a growing need to educate and skill up the healthcare workforce so that genomic data is dealt with safely for patient benefit. She also said there is a need to develop an expert workforce capable of robustly interpreting genetic variation. Kate also spoke about a collaborative online platform called MOOC – Massive Open Online Course to help share and learn. Targeted primarily at existing healthcare professionals- CPD MOOC is HESL funded and developed in collaboration with HEE. It uses the FutureLearn platform which is affiliated to the Open University and has a reach of up to 50K users. The overall aim of MOOC is to employ fundamental genomic concepts in order to be able to evaluate genetic reports to determine clinical management. The other aim is to explore the ethical issues associated with the use of genomic technologies and recognise the complexities of communicating genomic information to patients.



Claire O’Brien Deputy Director of Nursing, Lewisham & Greenwich NHS Trust, spoke about a HESL funded £10k training project for training 375 staff at Queen Elizabeth Hospital staff and acknowledged the difficulties in releasing staff for training.



Emma Ouldred Dementia Nurse Specialist, King's College Hospital, talked about her work developing a dementia team at the Princess Royal Hospital in Bromley.



Debi Miller Older Person's Assessment and Liaison Lead, St Helier Hospital, spoke about the value of observation training and how simple things can improve patient care when the time is taken to see life through the patient's eyes. The Trust is training staff to improve their self-awareness and emotional intelligence with regards caring for patients who are living with dementia. Two wards will also be refurbished with some of the funding and Debi went on to explain how mood can be affected by the look of a ward. The approach the Trust is taking is to provide in house and external training to clinical and non-clinical staff including portering, domestic and estates staff who have not yet received training. The key training focus will be based on Dr David Sheard's training techniques

www.dementiacarematters.com



Health Innovation Network, Programme Manager, **Rebecca Jarvis**, and Clinical Director - **Hugo de Waal**, Consultant Psychiatrist, spoke about the dementia tool, My BrainBook, a web-based electronic information tool, that stores personal information, photos, music and personal care and support plans. It can share information such as 'urgent care records' with other services such as 111 and the London Ambulance Service to provide appropriate support in the event of crisis. Rebecca spoke about the Health Innovation Network's case-finding tool for carers to detect dementia. Rebecca also gave an update on the roll out of Barbara's Story - which is a dementia awareness training programme developed by Dame Eileen Sills.

The South London Membership Council is held jointly between Health Education South London (HESL) and the Health Innovation Network (HIN). It brings together workforce, education, innovation and research representatives from our member organisations, ensuring the views of our members are heard and acted on.