

PART OF THE SOUTH WEST LONDON LANDSCAPE

The South West London System: laying the foundations for seamless health and social care in Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth (and beyond).



South West London
Academic, Health and Social Care
System

ACTIVITIES
2012-2013

MEMBER ORGANISATIONS 2012-2013

Croydon Health Services NHS Trust

www.croydonhealthservices.nhs.uk

Epsom and St Helier University Hospitals NHS Trust

www.epsom-sthelier.nhs.uk

Kingston Hospital NHS Trust

www.kingstonhospital.nhs.uk

St George's Healthcare NHS Trust

www.stgeorges.nhs.uk

**South West London and St George's
Mental Health NHS Trust**

www.swlstg-tr.nhs.uk

Faculty of Health and Social Care Sciences

(a partnership between Kingston University
and St George's, University of London)

www.healthcare.ac.uk

Kingston University London

www.kingston.ac.uk

University of Roehampton

www.roehampton.ac.uk

St George's, University of London

www.sgul.ac.uk

Croydon Council

www.croydon.gov.uk

Royal Borough of Kingston upon Thames

www.kingston.gov.uk

Merton Council

www.merton.gov.uk

London Borough of Richmond upon Thames

www.richmond.gov.uk

London Borough of Sutton

www.sutton.gov.uk

Wandsworth Council

www.wandsworth.gov.uk

The primary care trusts (PCTs) in south west London (founder members of the Academic, Health and Social Care Network) have been streamlined in the countdown to new arrangements for commissioning health and social care services. The individual PCTs listed below remain as statutory organisations and are accountable for the NHS budget in south west London until 2013. They are, however, now operating through a South West London 'commissioning cluster'. The cluster is supporting the establishment of six new clinical commissioning groups, led by consortia of GPs.

NHS South West London

www.southwestlondon.nhs.uk including

NHS Croydon

NHS Kingston

NHS Richmond (Richmond and Twickenham PCT)

NHS Sutton and Merton

NHS Wandsworth

The six new clinical commissioning groups will be invited to join the South West London System, as will other new organisations being set up as a result of the reforms detailed in the Health and Social Care Act 2012.

The South West London Academic, Health and Social Care System (SW London System) brings together health and social care organisations and universities in this corner of the capital. It encourages staff at different organisations to share the most effective ways of working and collectively develop new and better services. It provides the financial backing for specific research projects, teaching initiatives or other schemes that seek to improve health and social care for people living in Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

Set up in 2009 (originally as the South West London Academic, Health and Social Care Network) for a period of five years, the SW London System is led by senior officers from its member organisations. Its activities are funded by contributions from its members and orchestrated by a small team of dedicated staff based at St George's, University of London.

This publication details the SW London System's activities during 2012–2013. You can find out more about previous years' activities on the website, www.swlondonsystem.org.uk.

CONTENTS

When west meets east /4

small grants

Learning to talk about death /6

How to identify an aortic rupture /8

Finding hidden sex workers /10

Opportunities for recovery /12

What's good for the brain
may be good for the heart /14

sponsored projects

Helping leaders to 'span
boundaries' /16

SW London System: lessons
learned /17

Two pilot Academic Care
Groups lead the way in
'driving up standards' /18

A career in academia? Think
laterally and collaboratively /19

South London Health Innovation and Education Cluster (HIEC)

Legacy of HIEC informs future
collaborations /20

What GPs should do in an
emergency /20

Ask the pharmacist...about
type 2 diabetes /21

SW London System financial information /22

SW London System people /23

When WEST meets EAST

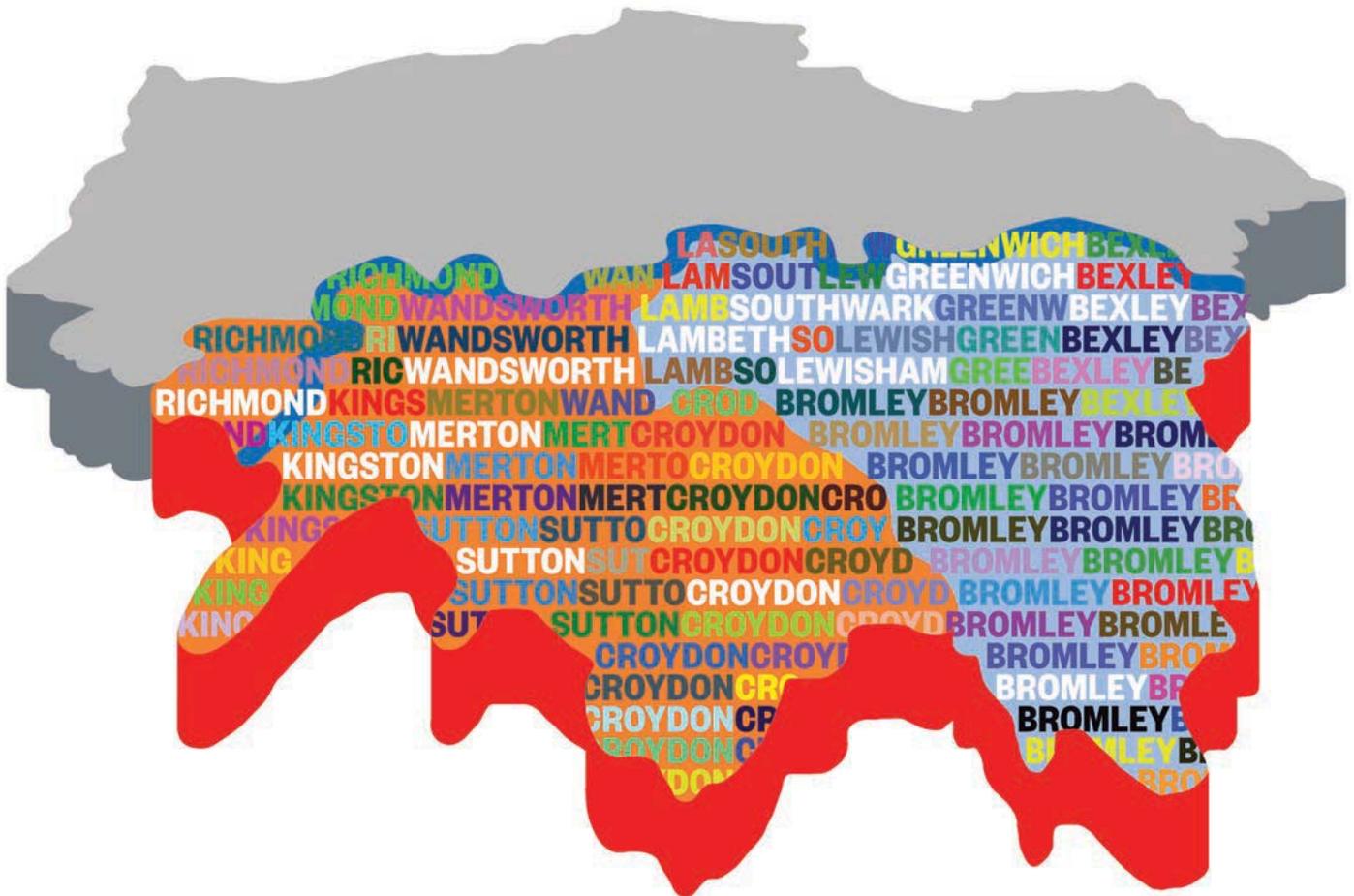
The government's latest vehicles for promoting greater collaboration between health organisations and university-based researchers and teachers are 'Academic Health Science Networks' (AHSNs).

The idea is that NHS organisations team up with local universities and invite other locally-based organisations concerned with health – be they in the public, private, voluntary or charitable sectors – to work with them, 'drive best practice' informed by the latest research, and thus improve care and services for patients. Every NHS organisation should aim to be affiliated to a local AHSN, says the Department of Health, including the new clinical commissioning groups (CCGs) that will plan and purchase services from April

2013. Under the Health and Social Care Act 2012, the CCGs have a duty to promote 'innovation' and to use research evidence to inform their decisions.

The first AHSNs are due to launch early in 2013, with a second round becoming operational later on that year/by the beginning of 2014. The SW London System – already in the business of fostering collaboration – covers too small a geographical area to apply to become an AHSN itself: government guidelines say the new AHSNs should serve a population of between three and five million.

So the SW London System is working with organisations in south east London – including King's Health Partners, the Academic Health



(1) Dr Chris Streater, former chief executive of South London Healthcare Trust, will lead the development of the bid to set up a South London AHSN. In June 2012, King's Health Partners announced his appointment as 'managing director' of the proposed South London AHSN. Dr Streater has previously worked at both St George's Hospital and King's College Hospital.

(2) www.southwestlondon.nhs.uk/News/Pages/BSBVthecaseforchangeforhealthservicesinsouthwestLondon.aspx

Sciences Centre there – to prepare a joint bid to create a South London AHSN⁽¹⁾. The SW London System and King’s Health Partners already have experience of working together as leaders of the South London Health Innovation and Education Cluster (HIEC) (see page 20).

Time-limited funding for the HIEC comes to an end in December 2012 but many of the alliances forged under its banner may form the foundations for a South London AHSN, says SW London System director Laurence Benson (pictured below). ‘Many great projects and initiatives have been created as

The South West London System – already in the business of fostering collaboration – covers too small a geographical area to apply to become an Academic Health Science Network itself.

a result of working together through the HIEC,’ he says. ‘That same way of working will be important for a new

South London AHSN, which we hope will allow these relationships to continue to flourish.’

The experience of setting up the SW London System and its many examples of successful collaborative working will also help shape plans for the new AHSN, he says.

Meanwhile, the SW London System will also continue to encourage partnership working and greater cooperation amongst organisations on the west side of south London. ‘It is obviously very important that the System plays a key role in helping set up the new AHSN for south London, but there is still a need for people working in health and social care organisations in south west London to connect for the benefit of patients here,

The experience of setting up the SW London System and its many examples of successful collaborative working will help shape plans for the new Academic Health Science Network in south London.

dovetailing into new developments,’ says Laurence.

A report from the Young Foundation about the activities of the SW London System

(see page 17) says: ‘There is a clear need for more cross-organisational working, and the efforts of the SW London System to achieve this have been widely acknowledged to be effective.’

Next year, the SW London System will encourage collaborative working in areas highlighted in *Better Services, Better Value*⁽²⁾, a review of services in the area led by NHS South West London. The review has been carried out by GPs working with hospital-based staff and focuses on planned care; urgent, unscheduled and emergency care; maternity and newborn care; children’s services; long-term conditions and end of life care.

The creation of the new Academic Health Science Networks (AHSNs) were first mooted in a government report published in November 2011 called *Innovation, Health and Wealth*.

Each one will be given a five-year licence by the NHS Commissioning Board, one of several new ‘top tier’ organisations created by the Health and Social Care Act 2012.

Other new locally-based organisations created by the Act will be asked to join AHSNs, including Health and Well-being Boards (led by local authorities and made up of representatives from health and social care organisations) and Local Education and Training Boards (LETBs). Academic Health Science(s) Centres – like King’s Health Partners – will be expected to join their local AHSN.

Members of each AHSN will all agree to work together to make services better; to encourage people to be healthier and get involved in research; to make sure research findings are translated into services; to make sure education and training of health professionals meets the needs of a local area.

Innovation, Health and Wealth also recommended a ‘Sunset Review’ that will take stock of all the various government initiatives launched over recent years with the same or similar briefs – and recommend pruning some of them so that the AHSN becomes the main structure for collaborative working.

● SW London System director Laurence Benson (pictured below) has been in post since the organisation was first set up (as the South West London Academic, Health and Social Care Network) in 2009. He left in September 2012 and Kathy Tyler was appointed as the new director. Kathy joins the SW London System from Skills for Health (www.skillsforhealth.org.uk) where she was regional director for Greater London and South East of England.



Learning to talk about death

What constitutes a ‘good death’? According to the government, keen to lift modern day taboos about death and dying, people should be able to die with dignity and respect, where they want, with people they choose and without pain.

‘As a society, we do not discuss death and dying openly,’ says the Department of Health’s *End of Life Care Strategy*, published in 2008, which aimed to put death back on both the professional and public agenda. To do this, the strategy urges health and social care professionals to talk to people who are nearing the end of their life – because of illness or age – about their preferences, so their wishes can be taken into account and followed.

But many health and social care professionals don’t feel comfortable discussing these matters, says JJ Nadicksbernd, end of life care lead facilitator in Richmond (a member of NHS South West London’s Richmond team). JJ and Richmond GP Dr Catherine Millington-Sanders are the architects of *Difficult Conversations*®, a short course originally designed for GPs and community-based nurses to help them feel more confident about talking to patients who are approaching the end of their life, or who have been given a new, or recurrent, diagnosis of cancer.⁽¹⁾

Now, with the support of the SW London System, the half-day course is being adapted for nurses and other staff working with older residents who live in one of the 20 nursing and residential homes in Richmond. About a fifth of people who die each year do so in care homes – of the 22,292 people who responded to the *VOICES* survey of bereaved relatives in England (carried out by the Office for National Statistics on behalf of the Department of Health and published in July 2012), 22 per cent said their relative had died in a care home. Twenty-eight per cent said their relative had been in a care home for the last three months of their life.

Ciarán Vaughan says many nurses and other care home staff don’t have the skills ‘or courage’ to raise such topics. ‘Some residents are quite open, but some don’t want to talk about death at all,’ he says. ‘It can be difficult to broach the subject.’ Ciarán is the practice development nurse at the Royal Star and Garter Home in Richmond, where older ex-servicemen and women, and their partners, are offered care. Here, as in all care homes in the borough, staff work with every resident to prepare an advance care plan: this contains information about an individual’s preferences as they approach the end of their life.

‘We need to feel confident about discussing end of life issues such as someone’s preferred place of care, whom to contact, whether they would want resuscitation, whether they would want to be transferred to hospital if they were very unwell, who they would want to be present, and their spiritual needs,’ he says. ‘We need

‘We need to feel confident about discussing end of life issues ... we need to acquire the skills to initiate the conversations, to raise these issues in a sensitive and respectful way.’

to acquire the skills to initiate the conversations, to raise these issues in a sensitive and respectful way.’ Ciarán was one of

a handful of care home nurses who attended the original *Difficult Conversations*® training and suggested an adaptation focusing on the specific needs of the older people with whom they work.

There are many difficult conversations to be had as people age, become more frail and begin to lose their physical independence, says JJ – conversations not just about death, but also about matters that

(1) The development of the original *Difficult Conversations*® course was funded by NHS London, the Simulation and Technology-enhanced Learning Initiative (STeLI) and the Education Commissioning System for London (ECS). It was developed in collaboration with the Royal College of General Practitioners, the Royal College of Nursing, the National End Of Life Care Programme, the British Geriatric Society, Macmillan and Dying Matters.



Richmond GP Catherine Millington-Sanders and JJ Nadicksbernd: architects of *Difficult Conversations*® training.

pertain to physical deterioration – such as incontinence. These discussions may be further complicated if a resident has dementia. (The *VOICES* survey results revealed more than half of deaths in care homes had dementia mentioned on the death certificate.)

‘Care home staff often don’t want to upset families and it’s sometimes easier for them not to talk about death or other difficult issues,’ she says. ‘Or it may be that they talk to relatives rather than talk to the resident, particularly if a resident has dementia. If a patient’s wishes are not known in advance, it leaves staff at a practical disadvantage and it is more difficult, without planning, to decide to stay at the home in a crisis, which may involve pain or florid symptoms. If however a patient’s wishes are known, it is much easier to enable those wishes and help them to die, if desired, comfortably at the home.’

The adapted *Difficult Conversations*® training for Care Homes will include information about the Mental Capacity Act and scenarios realistic and relevant to the everyday work of staff who have relationships with residents in Richmond’s care homes – an estimated 100-120 people. The course will also be piloted in Kingston, with one session run for care home staff there.

One of the ways of making sure people’s preferences are known by the many professionals who may be involved in someone’s end of life care is through an electronic register. *Coordinate my Care* is such a resource for London, launched initially as a pilot⁽²⁾ in response to the government’s

End of Life Care Strategy and now run by the Royal Marsden NHS Foundation Trust. A patient gives their consent for information about both their diagnosis and their wishes to be included in the register. The information is then accessible to GPs, community nurses, hospital and hospice staff, paramedics working for the London Ambulance Service and staff at any other agency that may be involved in end of life care. The plan is to have

‘Care home staff don’t want to upset families and it’s sometimes easier for them not to talk about death or other difficult issues.’

Coordinate my Care up and running across London by April 2013.

Even though *Coordinate my Care* is for people

in the last year of their life, JJ says it’s important for staff and residents in care homes to look ahead and plan for future eventualities. It may be that information included in advance care plans can in future be transferred onto *Coordinate my Care* and help make sure the circumstances of a resident’s death comply with their wishes. ‘It’s important that staff do not shy away from these conversations so we can make sure residents are given the best possible care when they die,’ she says.

● **Find out more about *Difficult Conversations*®**

Dr Catherine Millington-Sanders,
c.millington-sanders@nhs.net

JJ Nadicksbernd, janet.nadicksbernd@rtpct.nhs.uk

(2) GPs and health professionals working in Sutton, Merton, Islington and Camden were involved in the pilot of *Coordinate my Care*. Richmond was involved as an unofficial site.



NHS PICTURE LIBRARY

How to identify an aortic rupture

The aorta is the body's biggest artery – and if it ruptures, it can be catastrophic. About 6,000 people die each year in England and Wales⁽¹⁾ as a result of a ruptured abdominal aortic aneurysm (AAA) and subsequent internal bleeding.

An aneurysm is created when a weak part of the wall of the aorta stretches and bulges outwards – and most commonly occurs in men older than 65 (particularly those who smoke) on the part of the aorta running through the abdomen. If left untreated, an aneurysm can increase in size and burst. 'Aortic ruptures are life-threatening events,' says vascular surgery

registrar and National Institute for Health Research doctoral research fellow Alan Karthikesalingam who works at St George's Vascular Institute. 'The biggest vessel in your body is bleeding: this is an extreme emergency.'

Surgery is crucial in the wake of a ruptured AAA and research has shown that patients are much more likely to survive if the operation is carried out by a specialist vascular surgeon who has expertise in the latest technology (as opposed to general surgeons) at a hospital where such procedures are regularly and frequently performed. The NHS Commissioning Support for London

(1) NHS Abdominal Aortic Aneurysm Screening Programme.

(2) *The Cardiovascular Project: the case for change*. NHS Commissioning Support for London, August 2012. The recommendations for specialist centres were also made by the Vascular Society and the National Confidential Enquiry into Patient Outcome and Death and Cardiovascular Project: proposed model of care, August 2012

(3) London's five specialist 24 hour vascular units are at Northwick Park and St Mary's Hospital sites (north west London); the Royal Free (north central London); The Royal London and Queen's Hospital Romford sites (north east London); St George's Hospital (south west London) and St Thomas Hospital (south east London). www.slcsn.nhs.uk/lcv/lcv-vascular.html

Cardiovascular Review⁽²⁾ therefore recommended residents of the capital who need AAA repair (and other vascular surgery) be referred to the most experienced vascular surgeons for both emergency and elective procedures.

Identification of a ruptured AAA at the scene of the emergency is therefore critical if patients are to be taken to a centre where specialist care is on offer. In London there are five such specialist centres⁽³⁾:

'If you have an abdominal aortic aneurysm and it ruptures, you need to go to a specialist centre to have the best chance of living... however, there is no easy diagnostic tool available in the ambulance, so mostly people are taken to the nearest hospital.'

the Vascular Institute at St George's is one of them.

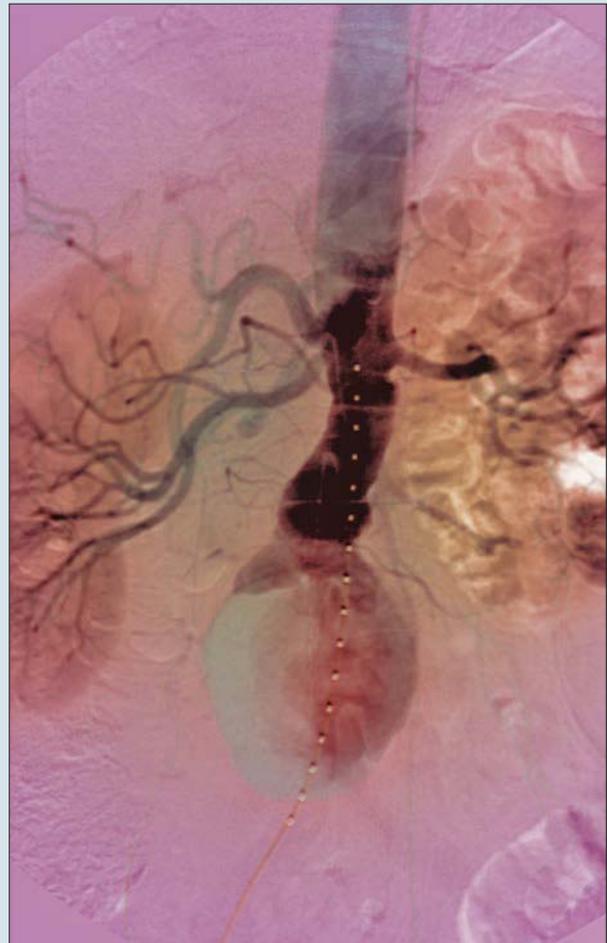
'If you have an AAA and it ruptures, you need to go to one of the specialist centres to have the best chance

of living,' says Alan. 'Treatment at a specialist vascular centre maximises the chance of being offered surgery and of surviving repair of a ruptured AAA. However, there is no easy diagnostic tool available in the ambulance, so mostly, paramedics take people to the nearest hospital.'

After rupture, patients are often unconscious, he says. 'If they are awake, they may complain of back and abdominal pain. These symptoms, however, could be indicative of a number of other conditions – kidney stones, diverticulitis, a perforated ulcer all have similar symptoms, for example.'

How then to help ambulance crews identify a ruptured AAA and make sure the patient is delivered to one of the five centres which offer around-the-clock specialist treatment?

Alan (*pictured*) and colleagues at St George's Vascular Institute are working with the London



SIMON FRASER/FREEMAN HOSPITAL, NEWCASTLE UPON TYNE/SCIENCE PHOTO LIBRARY

Coloured X-ray (angiogram) of an aneurysm (red swelling, lower centre) in the aorta of a 65-year-old man. The aorta (black, running down from top centre) is shown down to the abdomen.

Ambulance Service and hope to develop a triage tool that could help paramedics determine the best destination for patients who have a ruptured AAA.

The research team thinks information collected routinely by both hospitals in the capital (NHS Hospital Episode Statistics) and the London Ambulance Service NHS Trust may yield clues that could help paramedics differentiate between conditions.

A computer programmer/statistician has been specifically recruited with the support of the SW London System to trawl through both sets of information collected over a three-month period (January to March 2009). The aim is to find the patients who experienced a ruptured AAA in both sets of anonymised statistics – to firstly identify patients who were admitted to hospital and then attempt to track down the same patient in the London Ambulance Service records. Age, gender,

**continues
over the
page** →



SOPHIE GIBSON

How to identify an aortic rupture

(continued from page 9)

date of admission, hospital name and other information should help them make the match.

If they manage to locate the details of these patients (an estimated 100) in both sets of records, they will then analyse the information logged by the paramedics and by hospital staff. They will be looking for commonalities both at the scene of the emergency and in patients' lifestyle and medical history to help prepare a triage tool that could be used by paramedics to accurately identify a ruptured AAA.

'If it is possible to match the records of patients – and we don't yet know if it will be – we will be analysing all the information to see if there are common factors and common characteristics in patients that indicate that it is likely that an individual has a ruptured AAA. Were there similar symptoms in the ambulance, for example, did they have any other disease, did they smoke? We will look at everything we know about them from

both sets of records to see if it is possible to make an accurate differentiation.'

Alan hopes the analysis of the statistics will generate enough information to construct a simple and quick triage checklist. Any such tool would need to be validated elsewhere and tested within the NHS, so it's very early days yet, he says. But ultimately, the aim is to produce an accurate, evidence-based triage tool that can help prevent death in the same way that ambulance-based triage tools for stroke and heart attack have improved people's chances of survival. 'Our mission should be to make sure everyone who needs aortic aneurysm repair gets the best possible service, particularly when they experience a rupture. That means making sure everyone who needs emergency surgery is directed to a specialist centre,' he says.

- An estimated 80,000 men aged between 65 and 74 in England have an AAA⁽¹⁾. The NHS has introduced a national screening programme that seeks to identify symptom-free AAAs in men aged 65 or over to allow time for elective surgery before the condition becomes life-threatening. <http://aaa.screening.nhs.uk>
- **Find out more about AAAs** at the Circulation Foundation, www.circulationfoundation.org.uk/help-advice/abdominal-aortic-aneurysm

The majority of women who are commercial sex workers are based in parlours, hotels, massage bars and saunas rather than on the streets. National figures indicate that about three-quarters of commercial sex workers are based in indoor establishments, or work as escorts. But because these women work behind closed doors, their health needs are hidden and neglected, says Wandsworth public health doctor Paula Tele.

With the support of the SW London System, the Wandsworth public health team has joined forces with staff at Spires, a charity that supports homeless and disadvantaged people in south London, to make sure female commercial sex workers who are based indoors know about NHS services that are available to help them – and to determine whether health and social care organisations need to do more to support them.

The focus will be on sexual health needs and promoting services like the GUM (genito-urinary medicine) Courtyard Clinic run by St George's Healthcare NHS Trust. But the project team also wants to make sure women who are commercial sex workers are accessing other health and social care services, if they need them.

'This project isn't just about their sexual health needs, though obviously those are very important,' says Paula. 'If a sex worker has a sexually transmitted disease and it goes untreated, the impact can be devastating on her and her clients. But we also want to find out about the wider health and social needs of commercial sex workers who are not on the street. If they use drugs, do they access existing NHS services? We know that many of them have children – if they do have children, what support is needed for both them and the children?'

Three-quarters of commercial sex workers are based in indoor establishments, or work as an escort.

In London, around 80 per cent of female sex workers are migrants: 'Many may not know about NHS services that

are available, and language may be a barrier because many may not speak English,' says Paula.

The plan is to find 100 sex workers who are willing to anonymously complete a questionnaire comprising five questions which are predominantly about sexual health – are the respondents aware of sexually transmitted diseases?, do they use condoms?, do they know about sexual health clinics?, for example.

Fifty commercial sex workers will be asked to anonymously fill in a longer, more in-depth questionnaire that asks about their working practices, their motivation, their lifestyle and their health and social care needs. This questionnaire is being developed in collaboration with Imperial College London School of Public Health.

Both the short and long questionnaires will be translated into a number of different languages.

The project team will use the information gathered to inform recommendations to develop services and

'Many sex workers may not know about NHS services that are available, and language may be a barrier because many may not speak English.'

offer practical support that can help commercial sex workers – and their clients – stay healthy and safe. Ultimately,

any recommendation will be as relevant for health and social care organisations operating in any south west London borough as they are in Wandsworth, says Paula.

All women who agree to complete one of the questionnaires will be given a supermarket or pharmacy voucher. In addition, all commercial sex workers who are contacted will be given an 'information and health pack', regardless of whether they agree to take part in the research.

The pack contains information and advice about staying sexually healthy, with contact addresses of sexual health clinics, a supply of condoms and personal hygiene material. It also includes a 'special access card', which sex workers can show at GUM clinics in order to receive a 'fast-track' service. 'The access cards mean they don't have to say they are a sex worker if they go to a sexual health clinic,' says Paula.

A similar card has been successfully distributed in Wandsworth in the past: in 2003, the public health team worked with Spires and the police to stop a syphilis outbreak from spreading by educating commercial sex workers and encouraging them to visit a sexual health clinic.

Outreach workers from Spires will again be charged with locating commercial sex workers, explaining the research and inviting them to take part. Police officers and drug and alcohol outreach workers will also help to identify commercial sex workers who are based in indoor establishments. 'The most difficult part of this project will be to find these commercial sex workers because they are so hidden away,' says Paula (*pictured below*).



Opportunities for recovery

Every Wednesday afternoon, a group of people who have experience of using both learning disability and mental health services meet together at St George's, University of London, to plan activities that aim to make those services better. The activities include teaching doctors and nurses how to communicate properly with people who have learning disabilities: 'Often, doctors and nurses are patronising,' says group member Nikkie Mathurin. 'They don't talk to you – they talk to your carer. This group helps us to help people who don't know how to treat adults with learning disabilities.'

Nikkie and other members of the group have already been commissioned by South Bank University to work with student nurses. Group members Paul Adeline and Gary Butler have been involved in teaching third year medical students at St George's for some time. Everyone is willing to share their

Group members are willing to share their personal experiences to help health and social care professionals develop the skills they need to better support people with learning disabilities.

personal experiences to help health and social care professionals develop the skills they need to better support people with learning

disabilities – and help academics make plans for research projects more realistic and relevant. Group members plan to offer their expert skills to universities across London and beyond.

The group is called 'ResearchNet' and it is part of a Recovery Opportunities Course for people who have learning disabilities and/or autism spectrum disorders as well as experience of mental health problems. The course was launched in September 2011 by Dr Paula Jean Manners, a clinical psychologist and member of Sutton and Merton Mental Health and Learning Disabilities team, a community-based service run by South West London and St George's Mental Health Trust. Paula is also a lecturer at St George's, University of London, where she is responsible for teaching medical students about learning disabilities.

As well as working directly with students and qualified health professionals, group members have plans to produce teaching videos about their specific learning disabilities and to contribute to the website *Understanding Intellectual Disability and Health* (www.intellectualdisability.info), set up by Professor Sheila Hollins, professor of psychiatry of learning disability at St George's. The website carries information about learning disabilities for health professionals.

ResearchNet is one of three constituent parts of the Recovery Opportunities Course. The second is a weekly psycho-educational group to help people stay physically and mentally well that meets every Friday afternoon during term time. Thirdly, the recovery worker and community psychiatric nurse at Sutton and Merton Mental Health and Learning Disabilities team can work with people who need extra support and offer them individual recovery planning. 'They work on helping people realise their individual goals – which might be to go to college, or to increase their social circle, for example,' says Paula.

Participants can sign up to any or all of the three parts, simultaneously or consecutively, depending on their individual needs.

The Friday group is about 'supporting each other' – 'We discuss issues specifically related to the experience of living with a learning disability, and members help each other to look after their mental and physical health, be better informed and more confident,' says Paula. 'One member who had experience of using drugs, for example, put together a presentation about the dangers of drugs. Another who had personal experience of epilepsy talked about how to look after someone with epilepsy. The idea is that people who attend this group are then better able to access mainstream therapies such as cognitive behaviour therapy because they have done a lot of work with us, identifying thoughts, feelings and behaviours.'

The Friday group works with *Books Beyond Words*, a series of picture books designed to inform and prompt discussion around topics such as going to the doctor, maintaining physical health, exercising, forming relationships, moving home and eating healthily. The books are published jointly by the



Dr Paula Jean Manners: created the Recovery Opportunities Course after using *Books Beyond Words* to help clients she was working with in Sutton and Merton.

Royal College of Psychiatrists and Beyond Words, a social enterprise based at St George's and led by Professor Hollins, who is co-author of many of the titles (www.booksbeyondwords.co.uk).

The Wednesday group is putting together a research proposal to evaluate *Books Beyond Words*.

'Through this course, we want to empower people, to make them feel more confident about their own abilities and their capacity to manage their own health, and to then feel able to look for work or sign up for study, if that's what they want.'

'We'd try to establish if they need changing to make them more relevant to the people they are aimed for,' says Jason Jandu, who is also a member of Bromley ResearchNet,

a group which operates in a similar way (for people who use services run by Oxleas NHS Foundation Trust) but has been meeting for longer. He and other members of the Bromley group bring experience gained from 'doing it before' to the St George's table. 'We would do this job ourselves by asking various groups of people with various different learning disabilities for their views,' says Jason. The Bromley and St George's ResearchNets have previously worked together, jointly presenting their experience to health professionals who work for Hertfordshire Partnership NHS Foundation Trust.

The Recovery Opportunities Course was initially created after Paula began to use *Books Beyond Words* to help clients she was working with in Sutton and Merton. 'Many of them were interested in developing their skills and knowledge,' she says. 'They also spoke about the need to feel less like patients and become more in charge of their own recovery. Through this course, we want to empower people, to make them feel more confident about their own abilities and their capacity to manage their own health, and to then feel able to look for work or sign up for study, if that's what they want.'

During the summer of 2012, family members of people who are participating in the Recovery Opportunities Course were invited to join a group that met once a week for two months at Springfield University Hospital in Tooting. 'Family members can feel quite isolated so the idea is that we will facilitate them to support each other,' says Paula. If successful, this module will be incorporated into the Recovery Opportunities Course in future years.

Medical students at St George's who have taken a year out to undertake a psychology degree have already evaluated participants' views of the Wednesday and Friday groups as part of their study, with very positive results. 'I love coming to this group,' says Nikkie. 'I look forward to coming here every week and being part of something that is helpful. It's also about friendships. You get to know people each week and we all become friends.'

Support from the SW London System during 2012-2013 will not only allow the course to continue for another year, it will also enable a proper, more systematic evaluation of the programme which in turn will make it easier to secure future funding, says Paula.

- **The Recovery Opportunities Course** is open to people who are offered support by the Mental Health and Learning Disabilities teams in Merton, Sutton and Wandsworth. For more information, contact Paula Jean Manners, pmanners@sgul.ac.uk

- ResearchNet, St George's is co-facilitated by art psychotherapist Ami Woods, a member of the Merton team for People with Learning Disabilities and Complex Needs at Merton Council.

- Participants in the Recovery Opportunities Course will be showcasing the activities of St George's ResearchNet and the Friday group at a conference on Wednesday 28 November 2012 at St George's, University of London. Contact Paula Jean Manners, pmanners@sgul.ac.uk, to find out more.

The Recovery Opportunities Course is one of five projects supported by the **SW London System's small grants scheme**

in 2012-2013. You can find out how to apply to the annual scheme by visiting the SW London System website, www.swlondonssystem.org.uk

The SW London System will be inviting applications for support during 2013-2014 early in 2013: sign up via the website to receive a reminder email then.

It's quite common for people who have had a heart attack or cardiac surgery – a heart bypass or coronary stent procedure, for example – to experience depression or anxiety. At St George's Hospital, about a quarter of the patients cared for by the cardiac rehabilitation team would benefit from psychological support, says Caroline Sutherland, cardiac rehabilitation lead nurse specialist on the cardiothoracic unit there. 'Many people are understandably anxious or depressed after experiencing what are potentially life-threatening events,' she says.

She and her colleagues help between 300 and 400 people each year to regain their confidence to exercise, be active and return to work and 'normal' life. The team – mostly nurses, but also including physiotherapists, dietitians and occupational therapists – recommend and support lifestyle changes that will reduce the risk of further cardiac problems and give advice about medication and healthy eating.

But the emphasis is on people's physical welfare: up until now, the only parts of the six to eight week cardiac rehab programme that address mental wellbeing have been sessions about stress management led by occupational therapists and relaxation therapy, she says.

Now the cardiac rehab nurses have teamed up with the hospital's psychiatric liaison nurses to pilot an expansion of the programme to include sessions that focus on mental welfare. A year-long trial supported by the SW London System will test whether adding on four group therapy sessions will make a difference to patients who score highly on the Hospital Anxiety and Depression scale, a questionnaire administered to all patients at the start of the rehab programme.

Liaison psychiatrist Marcus Hughes estimates the group therapy sessions will cater for about 90 people over 12 months, helping them to learn how to manage low mood and anxiety.

If someone is still experiencing the symptoms of anxiety or depression at the end of the four therapy sessions, they will be offered an individual assessment – at the end of which they will either be prescribed antidepressants or referred for talking therapy to IAPT (Improving Access to Psychological Therapies) services run by South West London and St George's Mental Health NHS Trust.

The group therapy sessions will take place in the same venue as the sessions about physical recovery

'About a quarter of the patients cared for by the cardiac rehabilitation team would benefit from psychological support. Many people are understandably anxious and depressed.'

because both Marcus and Caroline say it's important that the therapy is seen as part of the mainstream programme rather than an 'add on'. 'People

don't want to be labelled as having mental health problems,' says Marcus. 'There will be some overlap of staff between the sessions so patients see liaison nurses in the physical sessions and cardiac rehab nurses in the therapy sessions.' 'We hope there will be less stigma because the therapy sessions will be held in the same, familiar place as the group exercise sessions,' says Caroline.

The new sessions were first suggested by former St George's psychiatric liaison nurse John Murphy who had been inspired by the success of group therapy offered to patients with angina in Chesterfield. 'This group therapy had led to

What's good for the brain may be good for the heart



PASIEKA/SCIENCE PHOTO LIBRARY

a significant reduction in health care costs because there were fewer visits to hospital by clients who needed re-assurance about their condition because they were anxious,' says Marcus. 'John suggested we try something similar here.'

Psychological support has been the missing component in the cardiac rehab programme for some time, says Caroline. 'We just haven't had the resource or expertise to do it,' she says.

'We know that depression is one of the risk factors for future heart problems and so when we are concerned about people, we refer them to their GP or advise them about self-referral services, but we often don't know what happens then. Sometimes people do share their worries in the group exercise sessions, but that is not a therapeutic experience.'

The financial support from the SW London System will enable a part-time researcher to be hired to collect information from patients

to assess the effectiveness of the psychological input. Marcus says they want to determine whether the therapy sessions contribute to people's recovery and their readiness to adopt lifestyle changes such as

'Psychological support has been the missing component in the cardiac rehab programme for some time. We just haven't had the resource or expertise to do it.'

healthy eating. 'If you are physically unwell, minor mental health problems can knock you off course,' he says. 'They can make

a difference between adhering to a new diet and exercise programme, for example.'

If the extra sessions prove to be successful, the cardiac rehab and the psychiatric liaison teams will together plan a bigger research project to ascertain the benefits of incorporating psychological support in cardiac rehabilitation programmes.

HELPING LEADERS TO ‘SPAN BOUNDARIES’

In the current arena of health and social care, effective leaders and managers need to understand the different structures, culture and values of other organisations as well as their own. So says Christine Edwards, a professor emeritus at Kingston Business School and designer of the *Leading and managing change across boundaries* programme, launched by the SW London System.

Open to all existing and aspirational leaders who work within the System’s member organisations, the programme sets out to equip participants to be ‘boundary spanners’. ‘Nowadays you need the skills to work across organisations, to integrate services, to work across disciplinary and organisational boundaries, across health and social care structures,’ she says.

‘Unlike a lot of leadership training, this programme doesn’t only concentrate on the individual and their personal development. It is about understanding the context of the modern world, of health and social care and perhaps, more importantly, rubbing shoulders with colleagues from other organisations.’

‘If you are working across boundaries, you may not have authority in other organisations so you need to get things done using different competencies and skills. You need to be able to network and make contacts, to understand how people in other organisations think and feel, to understand their challenges. It can, however, be extremely difficult to be a boundary spanner, particularly in a world of constant reorganisation. You make collaborations and



Martin Gray has teamed up with other professionals who work in children’s services both at St George’s and at other health and social care organisations to investigate the business case for a bereavement support service for parents who have lost a child. The service would be accessible to families living anywhere in south west London.

The group has been collecting evidence that illustrates professional support is often withdrawn from families when a child who has been unwell dies. ‘Provision for bereavement support for parents is pretty poor generally,’ says Martin, a paediatric intensive care consultant. ‘If a mother has a stillborn child, for example, she may get a letter of condolence and an invitation to apply for help from a list of charities, and that’s it. We think there should be some sort of structured, uniformly available aftercare offered to bereaved families, and our thinking is that such a service could be delivered by hospices and funded by the third sector, rather than funded by government.’

The group responsible for working up this proposal also includes a consultant in foetal medicine; a hospital-based head of maternity services; a commissioner of children’s services; a local authority-based director of children’s services and a paediatric surgeon.

suddenly the whole structure changes and the working relationships you have created disappear.’

The first intake of 34 participants has been meeting throughout 2012, coming together for three three-day modules and working in groups in between times on boundary-spanning projects (*see panel above for an example of one of these projects*). All the groups are due to pitch their projects to a ‘funding panel’ at an end-of-programme event in November 2012: the SW London System has pledged

a sum of money to allow the winning proposal to be further developed.

Most of the participants also have a mentor. Martin Gray, a consultant paediatric intensivist at St George’s, has met regularly with his mentor Patrick Mitchell, former chief operating officer at St George’s Healthcare NHS Trust and now director of National Programmes Medical Education at the Department of Health. ‘We talk about my career and my career aspirations, about how to get things done,’ says Martin. ‘I have a clear idea of how I want

services to change and develop. Talking to Patrick and people who work in other organisations has helped me realise the context – that we are in very strange times, that there will be less money available for the next 10-20 years, and that we therefore need to try to provide the same level of high quality public sector service for less money. And that's quite a challenge.'

The programme, says Martin, has been 'enlightening', particularly learning about the mandate of other organisations charged with providing and commissioning health and social care. 'Talk about working in silos – I work in a bunker!' he says, 'a 10-bed paediatric intensive care unit which is completely isolated from the rest of St George's, let alone other organisations working in health and social care in south west London. The programme has been really useful for me because I have got to know other people who have common aims.'

Christine, who founded the Institute of Leadership and Management in Health under the auspices of the South West London Academic Network (SWAN), and also created an MSc in Leadership and Management in Health, delivered in partnership with Royal Holloway's Management School, says: 'Unlike a lot of leadership training, this programme doesn't only concentrate on the individual and their personal development. It is about understanding the context of the modern world of health and social care and perhaps more importantly, rubbing shoulders with colleagues from other organisations.'

'You could argue everyone working in health and social care needs this kind of training, but because resources are scarce, we are only able to offer it to higher grade staff.'

A second intake of participants will start the programme in September 2012.

SW LONDON SYSTEM: LESSONS LEARNED

'The mission of the SW London System is very much appreciated and needed by local actors.' So say John Loder and Peter Gerry, authors of *SW London Academic, Health and Social Care System. Case studies and lessons learned*.

They work for the Young Foundation, commissioned in 2012 to assess the success so far of the SW London System.

Their work included interviewing staff from member organisations who have been involved in projects since the System's inception (originally as a 'Network') in 2009.

In the report's introduction, the authors say: 'The ability of the SW London System to provide brokerage and introductions to key influencers was often seen as a crucial component of project success. The high levels of institutional change within the NHS make this all the more valuable. Secondly, the ability to introduce and network entrepreneurial people is critical.'

Recommendations include investing more time in planning the future of projects when financial backing from the SW London System ends, and helping project teams secure funding from other sources in order to continue. 'There was a lack of a clear plan about

how to sustain the networks created by the projects after they ended...' says the report... 'frontline staff often do not have the skills to make every part of the innovation a success... clinicians may not be able to write a business case or to implement a project across organisations.'

The recommendations also include better marketing of successful projects, so that all relevant professionals, particularly those who work in frontline services, have the opportunity to introduce innovative practice proven to work. Even though the projects themselves are successful, the System is not adequately promoting the results.

SW London Academic, Health and Social Care System. Case studies and lessons learned (June 2012) is available on the SW London System website, (www.slondonssystem.org.uk).

● The not-for-profit Young Foundation carries out research, advises local and national government and other public agencies, and collaborates with charities, businesses and local authorities on projects within their 'themes' of work, such as ageing, parenting and social innovation.



THE YOUNG FOUNDATION

TWO PILOT ACADEMIC CARE GROUPS LEAD WAY ON ‘DRIVING UP STANDARDS’

The next step towards closer collaboration between organisations providing health and social care in south west London is the setting up of two pilot ‘Academic Care Groups’ – in children’s services and hospital-based pathology services.

These virtual groups will enable greater alliances between health and social care professionals, researchers and teachers working at different organisations in the two fields.

Staff working within these services will be invited to suggest the best of working together more closely across traditional organisational boundaries – and the mechanism for creating each of the pilot Academic Care Groups (ACGs) may therefore be different, says SW London System director Laurence Benson.

The *raison d’être* for creating ACGs is to ‘drive up standards in

The work of the two pilots will inform future plans for setting up a larger number of Academic Care Groups. In future, existing collaborations, networks and partnerships could be built on or developed to create some of them.

services, research and education,’ he says. Interweaving services, research and teaching will mean patients will have the opportunity to access new, pioneering treatments and diagnostic tests being trialled in research projects. New treatments and tests proven successful by research can be offered to patients and clients more quickly, and students will benefit by being taught in an environment where research is happening and the latest results are part of everyday practice, he says.

‘There aren’t many examples in south west London where teams are brilliant in all three areas – services, education and research. All three elements are important for high quality services going into the future, so this is about trying to make that happen,’ he says.

The two pilots have been chosen by the SW London System Board (*see page 23*) because children’s services is an area where many close partnerships already exist, particularly between NHS and social care organisations, says Laurence, and pathology services in south west London are currently being reconfigured. Back in May 2012, the chief executives of the four hospital trusts in south west London –

Croydon Health Services NHS Trust, Epsom and St Helier NHS Trust, Kingston Hospital NHS Trust and St George’s Healthcare NHS Trust – announced plans to join forces and develop a single pathology service.

A small number of staff working in different organisations in each specialty will initially be asked to start planning how best to work together as an ACG. Ultimately, the pilots will come up with plans for developing services, research and education in each domain.

The work of the two pilots will inform future plans for setting up a larger number of ACGs. In future, existing collaborations, networks and partnerships could be built on or developed to create some of them, says Laurence.

A project led by Professor Paul Jones, head of the Division of Clinical Sciences at St George’s, and supported by the SW London System, has been investigating potential ways of helping health and social care professionals employed by the NHS and local authorities work more closely with researchers and teachers at universities for some time. Paul will continue to oversee the establishment of the pilot ACGs and proposals for the future.

Other NHS trusts and universities, particularly those who are involved in Academic Health Science(s) Centres, have set up more formal partnerships between clinical and academic activities. King’s Health Partners in south east London, have for example, created ‘Clinical Academic Groups’ (CAGs).

● St George’s, University of London and St George’s Healthcare NHS Trust are separately discussing how to merge their structures to bring the work of researchers and teachers together with the work of healthcare professionals on an everyday basis.



Pathology services: one of two pilot ‘Academic Care Groups’ for south west London.

A CAREER IN ACADEMIA? THINK LATERALLY AND COLLABORATIVELY

How easy is it to forge a career in academia after you have completed a PhD?

Around 60 research degree students from Roehampton, St George's, Kingston and Royal Holloway universities signed up for a SW London System-supported 2012 Summer School to find out about the reality and demands of the modern research world – and try their hand at 'real life' collaboration with peers from different disciplines.

'People can, understandably, have a blinkered focus on their particular PhD area, but increasingly, you need to think laterally and be collaborative. If someone wants to follow an academic career, they can no longer focus on just one particular topic and work alone,' says Dr Tony Michael, head of Graduate

'This is what real life is like – working together with a mix of people from different institutions and with different backgrounds.'

School at St George's. He collaborated with his opposite numbers at the three other participating universities to organise the 2012 Research Degree Summer School.

'There is less opportunity nowadays to follow a linear research career,' he says. 'The research process PhD students learn can be applied to all sorts of subjects; you can apply this approach to any topic, not just within the field of your PhD.'



Collaborating to organise the 2012 Research Degree Summer School (left to right): James Birkett, director of academic administration (postgraduate), St George's, University of London; Tony Michael, head of Graduate School and deputy dean of education, St George's, University of London; Changiz Mohiyeddini, professor of personality, psychology and research methods, University of Roehampton; Andy Augousti, professor of applied physics and instrumentation, director of the Doctoral School, Faculty of Science, Engineering and Computing, Kingston University; and Chris Hand, acting director, Doctoral Programmes, Faculty of Business and Law, Kingston University.

Communication and business skills are also important, he says.

The two-day event – given the financial backing of the SW London System for both 2012 and 2014 – is designed for students undertaking a research degree in any area.

In addition to a host of speakers, small groups of participating students are asked to pool their skills and work together on specific projects.

'The idea is that each group consists of students with different backgrounds

and different expertise,' says Tony. 'They are given a challenge they couldn't work out on their own. This is what real life is like – working together with a mix of people from different institutions and with different backgrounds.'

A summer school for PhD students was previously run by the South West London Academic Network's Institute of Biomedical and Life Sciences (from 2008 to 2010). The 2012 SW London System-supported relaunch has allowed the event to expand.



Health Innovation and Education Cluster
South London

LEGACY OF HIEC INFORMS NEW COLLABORATIONS

For the past three years, members of the SW London System, and other health and social care organisations in this corner of London, have been working collaboratively with colleagues in the south east of the capital. They have been developing education and training for health professionals and introducing best, evidence-based practice to improve care for patients who have experienced a stroke and patients with dementia and diabetes, and to make the control of infection, particularly in hospitals, better.

Funding for the South London HIEC – Health Innovation and Education Cluster – officially comes to an end in December 2012, but plans are being put in place for many of the initiatives launched under its umbrella (*two examples of which are featured on this page*) to continue. Scores of collaborations forged to get those initiatives off the ground may form the foundations of a new Academic Health Science Network (AHSN) for south London. These new virtual organisations were suggested by Sir Ian Carruthers in his 2011 report *Innovation, Health and Wealth*: they are the latest vehicle launched by the Department of Health to spread best practice and foster ‘innovation’ (*see page 4*).

HIECs were also set up to spread best practice, encourage cross-organisational partnership working and cultivate innovation. Back in 2009/10, the Department of Health invested £11 million a year in 17 HIECs in England, but it was a finite sum of money.

The South London HIEC has been jointly led by the SW London System and King’s Health Partners, the Academic Health Sciences Centre in south east London. Both of these are also charged with building

relationships and alliances among health and social care organisations, but within smaller geographical boundaries. The SW London System and King’s Health Partners are planning to continue to work together – alongside other organisations that have been involved in the HIEC – on the bid to create an AHSN in south London.

The search is now on for an organisation (or organisations) to inherit some of the HIEC’s activities to make sure they continue. That includes maintaining and developing the HIEC website (www.slondonhiecc.org.uk) which houses many of the e-learning programmes developed with HIEC financial support.

Another of the multitude of new organisations being set up by the government as a result of the Health and Social Care Act 2012 (and other changes in the NHS) are LETBS – Local Education Training Boards. These new bodies are concerned with education and training – but with planning, commissioning (and sometimes paying for the development of) education and training programmes, not providing them. The new South London LETB will be operational from April 2013 as NHS London (and other strategic health authorities previously responsible for commissioning education and training) cease to exist. The parent of LETBs is Health Education England, a new national organisation.

Because South London LETB is a commissioning organisation, it will not be able to take over the running of initiatives created by the HIEC, says SW System director Laurence Benson, who has spent half his time working on HIEC activities. The LETB will, however, be able to fund some of them, he says.

What GPs should do in an emergency

Sophisticated simulation techniques help teams of staff at GP practices know what to do if a patient has a heart attack or other type of common medical emergency while they are on surgery premises.

A training programme, developed and delivered by

specialist staff working in simulation suites at St George’s and St Thomas’ Hospitals, teaches GPs, receptionists, practice nurses and practice managers the life-saving skills they need to help a patient until the paramedics arrive. The first part of the training takes place in one of

the hospital specialist simulation suites where participants learn what to do in different medical emergencies with the help of full-size patient simulators – electronic mannequins that ‘talk’ and ‘breathe’ and exhibit vital signs that are programmed to behave in a realistic manner.

Ask the pharmacist... about type 2 diabetes

The majority of people diagnosed with type 2 diabetes will be prescribed medication at some time: most commonly, drugs like metformin and gliclazide that help keep blood sugar levels low. If unchecked, large amounts of sugar in the blood can cause all sorts of complications – nerve damage, blindness and kidney failure, for example. It's therefore important for patients to take any medicine prescribed for them regularly and at the right dose – and pharmacists working in High Street chemists are going to be given the opportunity to help make sure that's happening in south London.

An e-learning package being designed by a team led by Dr Nilesh Patel at Kingston University (pictured) and Professor Graham Davies at King's College London aims to give pharmacists working in both chain stores and independent pharmacies the skills they need to find out if a patient is taking their medication as prescribed – and to encourage them to do so if they are not.

More than 100,000 people in south London⁽¹⁾ have a diagnosis of type 2 diabetes. Nationally, approximately one tenth of the NHS' total annual expenditure is on diabetes care and £725 million a year is spent on diabetes drugs, says Nilesh, a senior lecturer in pharmacy practice. One in every 25 prescription items is for diabetes.

(1) South London HIEC



'Type 2 diabetes is a chronic condition and even though the first line of treatment is diet and lifestyle changes, most people eventually do need to take tablets,' he says. 'If people don't take the medication as prescribed, they are not getting the best from the treatment and they may go on to develop other health problems. They are more likely to go into hospital and cost the NHS more money.'

People may not take their medicine for a number of reasons, he says – they may be concerned about side effects, for example, or potential interaction with other drugs. They may find swallowing a tablet difficult, or they may be worried about taking the medication after reading the notes in the packet.

The e-learning package – which will launch in November 2012 – will teach 'good consultation

techniques' to community pharmacists, often the first port of call when patients need advice. 'It will help community pharmacists recognise when people with type 2 diabetes aren't taking their medication, help the pharmacist find out why an individual is not taking it and address any concerns they have using some basic motivational interviewing techniques,' says Nilesh.

The development of the training package was informed by consultation with people with type 2 diabetes and their family members. Community-based pharmacists are thought to be reliable and the advice they give valuable, they said.

The e-learning package will be available to all 600 community pharmacists in south London via the HIEC website (www.slondonhie.org.uk).

The simulation specialists also help GP teams plan an emergency response within their practice: the second and third parts of the training programme put that response into action when the trainers and mannequins visit individual surgeries and stage emergency scenarios. The final visit happens six months later to enable emergency procedures to be tweaked after the first test run.

Nicholas Gosling, head of clinical skills and simulation at St George's Hospital NHS Trust worked with Dr Peter Jaye, simulation lead at King's Health Partners Academic Health Sciences Centre to develop the programme under the auspices of the South London HIEC.

The training helps GP practices ensure they have the right equipment and skills

to deal with the most common emergencies, he says, including heart attack, acute asthma attack and infant apnoea – when a child stops breathing.

The training programme has been available free of charge to GP practices throughout south London. When the HIEC officially ends in December 2012, the course will still be available but GP practices may have to pay.

SW London System financial information

Income 2011-2012

Membership subscriptions	310,000	
* Kingston University London	30,000	
* St George's Healthcare NHS Trust	30,000	
* St George's, University of London	30,000	
* South West London and St George's Mental Health NHS Trust	30,000	
* NHS Wandsworth	30,000	
* risk-sharing members		
Croydon Health Services NHS Trust	20,000	
Epsom and St Helier University Hospitals NHS Trust	20,000	
Kingston Hospital NHS Trust	20,000	
NHS Croydon	20,000	
NHS Kingston	20,000	
NHS Richmond & Twickenham	20,000	
NHS Sutton and Merton	20,000	
University of Roehampton	20,000	
Other	117,266	
Contribution from HIEC towards funding salaries	85,000	
Contribution from SWAN towards 2012 Research Degree Summer School	10,000	
Funds carried forward from 2010-2011	22,266	
		total income
		£427,266

Expenses 2011-2012

Salaries	194,153	
Operating expenses	28,610	
(including communications and cost of two annual conferences)		
Project commitments	173,100	
Sponsored projects	135,000	
Small grants	38,100	
Top up to retain three months operating reserve	13,538	
		total expenses and commitments
		£409,401

Remainder

at 30 September 2012

uncommitted funds
£17,865

St George's, University of London provides office accommodation and accounting systems for the SW London System. Overheads are neither paid nor charged between membership organisations undertaking SW London System-sponsored work.

SW London System people

Executive Committee

David Bradley, chief executive, South West London and St George's Mental Health NHS Trust

Peter Kopelman, principal, St George's, University of London

Graham Mackenzie, managing director, Wandsworth, NHS South West London

David Mackintosh, deputy vice-chancellor, Kingston University London

Anne Radmore, chief executive, NHS South West London

Miles Scott, chief executive, St George's Healthcare NHS Trust

Board

The Board meets three to four times a year and includes representatives from all subscribing organisations. The six boroughs are represented on the SW London System Board by delegates from Richmond and Wandsworth.



Project officers

Andrew Plumtree
aplumtre@sgul.ac.uk
Anna Kahramanoglou
ankahram@sgul.ac.uk



Director

until September 2012:

Laurence Benson.

Kathy Tyler is the new director, but at the time of going to press, her start date had not been confirmed.

'The autumn of 2012 sees the NHS poised on the threshold of a new phase in its operation. All our providers are pressing hard to be foundation trusts; our six clinical commissioning groups are focused on being authorised before the end of the year; and education and training and public health are moving into new arrangements by April 2013. In addition, the NHS in south west London will be talking to the public over the winter of 2012 about the future vision for services across the patch – how services out of hospital can be organised; what standards we want in our hospitals, and what that means for the distribution of services and the nature of the workforce.

'At this time of change there has never been a greater need for all partners to work together on ensuring we plan the education and training of both the existing and the future workforce well

'Four years on since the launch of the SW London Academic, Health and Social Care Network, as it was then called, the Department of Health has invited applications to establish Academic Health Science Networks (AHSNs). The rationale for AHSNs is to "align education, clinical research, informatics, training and education and healthcare delivery to improve patient and population health outcomes by translating research into practice, and developing and implementing integrated health care systems." It is anticipated that such networks will serve populations of between three and five million people.

'Some may recall the founding diagram for the SW London Academic Health and Social Care Network – a three-legged stool with one leg representing healthcare delivery, one leg, education and training and one, applied research. We are rightly proud of the way that the SW London System has developed



and effectively, and that we move swiftly to disseminate and spread good practice

and evidence-based innovation. The SW London System has worked effectively in this space for the last couple of years and, as a true membership organisation, has been evolving to meet the emerging needs of its members. It is well placed to help translate the changing workforce needs which will come from *Better Services, Better Value*⁽¹⁾ into reality. These will change again over the next 12, months especially with the development of an Academic Health Science Network for south London, and the SW London System will be a key partner in this development.'

Ann Radmore,
chief executive,
NHS South West London.



– I quote from the June issue of the NHS Confederation Briefing – "It is a low-cost, high-impact knowledge exchange mechanism that seeks to bring university research into practice by enhancing relationships and building connections. It is an example of how cross-fertilisation of ideas enables the greater preparedness for a rapidly changing health and care economy...it has helped academic focus on local issues with national impact."

'It is now important to apply these experiences and practices to the development of a South London AHSN. Nevertheless, the SW London System will continue its partnership role, supporting the implementation of *Better Services, Better Value*⁽¹⁾ in south west London.' **Peter Kopelman,**
principal, St George's,
University of London.

(1) www.southwestlondon.nhs.uk/News/Pages/BSBVthe-caseforchangeofhealthservicesinsouthwestLondon.aspx

Published by the South West London Academic,
Health and Social Care System
St George's, University of London
Cranmer Terrace
London SW7 0RE
www.swlondonsystem.org
September 2012

Written and designed by Inside Out
(Jane Smith/Sophie Gibson)
020 7655 0885
Printed by Calverts
Photographs by Rehan Jamil
unless otherwise stated
Maps © Inside Out