
Public Board Meeting, (26th July 2012)

Expression of Interest to Join an Academic Health Sciences Network

Presented by: Paul Jenkins, Director for Partnerships

1. Purpose

Following the publication of 'Innovation Health & Wealth' by the Department of Health (DH) in December 2011, we have been invited to participate in the formation of England wide Academic Health Sciences Networks (AHSNs). The AHSNs' core purpose is to enable the NHS and academia to work collaboratively with industry to identify, adopt and spread research innovation and best practice. It is intended to align education, clinical research, informatics training and education and health care delivery and be more systematic in the delivery mechanism for collaboration. West Hertfordshire Hospitals NHS Trust has been in discussions with a number of potential Network partners. This paper sets out a proposal for our preferred option, rationale and details of the core purpose of the AHSNs and the process from here on in.

2. Introduction

An AHSN provides a systematic delivery mechanism for NHS providers and commissioners, universities, public health and social care to work with industry to transform the adoption and spread proven innovations and best practice. It is a partnership organisation in which the members have committed together to improve the quality and productivity of health care resulting in better patient outcomes and population health. It is intended that the AHSNs will bring together organisations to learn and share and is based on multi-disciplinary professional and clinical leadership and engagement.

Participation in the Network is voluntary and is open to all of the following groups:

- Providers of NHS funded services
- Clinical commissioning groups
- Higher educational institutions engaged in health and care
- Other organisations, such as local government and other providers, and partnerships with industry.

The AHSNs are expected to serve a population of between 3 – 5 million and will be issued with a licence from the National Commissioning Board for 5 years with operational funding dependent on Network size. AHSNs must be an incorporated body with a clear public interest governed by a corporate board with an independent chair and an accountable officer.

While not all parts of the country will be ready to establish an effective Network immediately, the ambition is that all NHS organisations will have the opportunity to be

part of an AHSN by the end of March 2014. Whilst the expectation is of between 12 – 18 Networks nationally, the exact footprint and inter-relationships with other networks is still undetermined. The national gridding of Networks is intended to be able to work with other bodies, such as the Health Research Authority, Health Education England, Public Health England and the NHS Commissioning Board, to align national frameworks to support AHSNs.

3. The Core Functions and Levers for Academic Health Sciences Networks

The suggested framework for developing AHSNs revolves on 6 key functions and levers.

1. Research participation
2. Translating research and learning into practice
3. Education and training
4. Service improvement
5. Information
6. Wealth creation.

AHSNs will focus on different sorts of innovation, around biomedical, information, service and business innovations. AHSNs will play a part in the translation of research into practice which will compliment the roles of the present and future academic health sciences centres (AHSCs). The current 5 national AHSCs have related functions to the Networks but of smaller scale in terms of geography and organisations and they tend to focus on earlier stages in the translation of research into practice.

Resources suggest that NHS Commissioners will need to be assured that the commissioning for quality and innovation (CQUIN), and other quality incentives that they make as part of the NHS contract are going to provide and are benefitting from the sharing of learning and expertise, about identifying innovation and best practice that comes from being part of an innovation Network. So NHS Commissioners will want Trusts that they contract with to be part of these local Networks.

4. Choice of Academic Health Science Network Partners

Through conversations and presentations with two existing Academic Health Sciences Centres, Cambridge University Health Partners and University College London Partners, the considered recommendation is to make an expression of interest to become a member of UCL Partners. The rationale for this proposal is based on current geography, a reflection of patient flow care-pathways and existing clinical connections all pre-dominantly in the direction of north London and UCL Partners. We are aware of other Hertfordshire NHS organisations also expressing an interest to partner with UCL Partners, including Hertfordshire Community Trust and Herts Valley Clinical Commissioning Group which strengthens the Trust's interest. UCL Partners is one of 5 accredited Academic Health Science Centres in the UK with a mission to translate cutting edge research and innovation into marketable health gain for patients and as a Network will cover a population of around 6 million people. It is estimated that the infrastructure resources to be made available by the DH for a Network of this size is £10m per annum.

'Innovation Health and Wealth' says that every NHS organisation should aspire to be affiliated to its local AHSN and organisations may also want to contribute to be work of more than one network and therefore decide to be affiliated to others. The creation of 'a network within networks' is an option for the Trust. As a member of UCL Partners we can be affiliated for certain patient pathways or topics with other Networks as required.

5. Designation of Academic Health Science Networks and the Application Process

The Trust is working with UCL Partners to develop our interest as a member of the new Network and an expression of interest was made to the Department of Health on July 20th. At this stage, this commits the Trust to exploring options with the Network and in the course of time, with the development of the full Network prospectus, we will have the opportunity to change our interest if need be. The remaining timetable for the submission of formal applications is set out in Appendix 1. It is our expectation that we would be a member partner of the Network by April 2013.

Plans for the linkages with the clinical research infrastructure, including clinical research networks, and following the main colorations for leadership in applied research in health research and care (CLAHRC), and the reshaped local Education and Training Boards (LETB), will be described during the next stages of the process. At this moment we are not intending to change our current relationship with the Hertfordshire Local Education and Training Board.

The Trust Board will receive the full prospectus application once the expression of interest is accepted by the Department of Health in line with the national time frame.

6. Recommendation to the Trust Board

The Board are therefore asked to review the contents of the report and whether any further clarification of matters is required. The Trust Board is invited to:

- Endorse the proposal;
- Agree in principle to become a member of the UCL Partners Academic Health Sciences Network.

Paul Jenkins, Director for Partnerships

July 2012

Timetable

The Department of Health expect some AHSNs to be operational in 2012/13 and for all AHSNs to have had the opportunity to be established before 31 March 2014. It is proposed that there are two rounds for designation with the following timetable with WHHT within Round 1:

Task	Date
Round 1: Expressions of interest received	By 20 July 2012
Round 1: Feedback to localities that have expressed interest – this will suggest substantial further work is required (and thus defer to Round 2); minor further work is required (and submit in Round 1) or no work is required (and submit in Round 1).	By 3 August 2012
Issue final guidance on designation process	By 3 August 2012
Round 1: Submission of material to support application	By 30 September 2012
Round 1: Panel interviews	Between late October to early November 2012
Round 1: Designation announcement with the decision to designation, designation with conditions or resubmission	By 30 November 2012
Round 2: Resubmission of expressions of interest (note any that have been interviewed will automatically be resubmitted at this stage)	By 28 February 2013
Round 2: Panel interviews	During March and April 2013
Round 2: Designation announcement	By 31 May 2013